

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$6,480,000	\$4,388,000	(\$2,092,000)	-32%
2	Short Term Investments	\$97,000	\$14,580,000	\$14,483,000	14931%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$46,049,000	\$51,340,000	\$5,291,000	11%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$15,022,000	\$7,676,000	(\$7,346,000)	-49%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,851,000	\$3,920,000	\$1,069,000	37%
8	Prepaid Expenses	\$2,413,000	\$2,430,000	\$17,000	1%
9	Other Current Assets	\$2,882,000	\$392,000	(\$2,490,000)	-86%
	<b>Total Current Assets</b>	<b>\$75,794,000</b>	<b>\$84,726,000</b>	<b>\$8,932,000</b>	<b>12%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$184,312,000	\$282,000	(\$184,030,000)	-100%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$184,312,000</b>	<b>\$282,000</b>	<b>(\$184,030,000)</b>	<b>-100%</b>
5	Interest in Net Assets of Foundation	\$18,259,000	\$19,822,000	\$1,563,000	9%
6	Long Term Investments	\$81,975,000	\$312,210,000	\$230,235,000	281%
7	Other Noncurrent Assets	\$12,515,000	\$18,273,000	\$5,758,000	46%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$400,206,000	\$421,350,000	\$21,144,000	5%
2	Less: Accumulated Depreciation	\$197,451,000	\$218,139,000	\$20,688,000	10%
	<b>Property, Plant and Equipment, Net</b>	<b>\$202,755,000</b>	<b>\$203,211,000</b>	<b>\$456,000</b>	<b>0%</b>
3	Construction in Progress	\$7,862,000	\$117,000	(\$7,745,000)	-99%
	<b>Total Net Fixed Assets</b>	<b>\$210,617,000</b>	<b>\$203,328,000</b>	<b>(\$7,289,000)</b>	<b>-3%</b>
	<b>Total Assets</b>	<b>\$583,472,000</b>	<b>\$638,641,000</b>	<b>\$55,169,000</b>	<b>9%</b>

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. <b>LIABILITIES AND NET ASSETS</b>					
A. <b>Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$27,138,000	\$27,767,000	\$629,000	2%
2	Salaries, Wages and Payroll Taxes	\$17,128,000	\$25,146,000	\$8,018,000	47%
3	Due To Third Party Payers	\$10,883,000	\$12,000,000	\$1,117,000	10%
4	Due To Affiliates	\$438,000	\$438,000	\$0	0%
5	Current Portion of Long Term Debt	\$989,000	\$998,000	\$9,000	1%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	<b>Total Current Liabilities</b>	<b>\$56,576,000</b>	<b>\$66,349,000</b>	<b>\$9,773,000</b>	<b>17%</b>
B. <b>Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$46,906,000	\$46,911,000	\$5,000	0%
2	Notes Payable (Net of Current Portion)	\$10,753,000	\$10,315,000	(\$438,000)	-4%
	<b>Total Long Term Debt</b>	<b>\$57,659,000</b>	<b>\$57,226,000</b>	<b>(\$433,000)</b>	<b>-1%</b>
3	Accrued Pension Liability	\$10,738,000	\$9,964,000	(\$774,000)	-7%
4	Other Long Term Liabilities	\$12,572,000	\$9,818,000	(\$2,754,000)	-22%
	<b>Total Long Term Liabilities</b>	<b>\$80,969,000</b>	<b>\$77,008,000</b>	<b>(\$3,961,000)</b>	<b>-5%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. <b>Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$427,407,000	\$475,180,000	\$47,773,000	11%
2	Temporarily Restricted Net Assets	\$10,120,000	\$10,570,000	\$450,000	4%
3	Permanently Restricted Net Assets	\$8,400,000	\$9,534,000	\$1,134,000	14%
	<b>Total Net Assets</b>	<b>\$445,927,000</b>	<b>\$495,284,000</b>	<b>\$49,357,000</b>	<b>11%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$583,472,000</b>	<b>\$638,641,000</b>	<b>\$55,169,000</b>	<b>9%</b>

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,004,233,000	\$1,116,186,000	\$111,953,000	11%
2	Less: Allowances	\$606,134,000	\$676,291,000	\$70,157,000	12%
3	Less: Charity Care	\$9,025,000	\$15,330,000	\$6,305,000	70%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$389,074,000</b>	<b>\$424,565,000</b>	<b>\$35,491,000</b>	<b>9%</b>
5	Other Operating Revenue	\$7,720,000	\$12,640,000	\$4,920,000	64%
6	Net Assets Released from Restrictions	\$243,000	\$282,000	\$39,000	16%
	<b>Total Operating Revenue</b>	<b>\$397,037,000</b>	<b>\$437,487,000</b>	<b>\$40,450,000</b>	<b>10%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$143,020,000	\$152,506,000	\$9,486,000	7%
2	Fringe Benefits	\$39,463,000	\$16,644,000	(\$22,819,000)	-58%
3	Physicians Fees	\$3,123,000	\$2,868,000	(\$255,000)	-8%
4	Supplies and Drugs	\$51,277,000	\$43,886,000	(\$7,391,000)	-14%
5	Depreciation and Amortization	\$22,895,000	\$22,796,000	(\$99,000)	0%
6	Bad Debts	\$32,811,000	\$27,411,000	(\$5,400,000)	-16%
7	Interest	\$2,562,000	\$2,149,000	(\$413,000)	-16%
8	Malpractice	\$3,148,000	\$3,407,000	\$259,000	8%
9	Other Operating Expenses	\$84,011,000	\$101,934,000	\$17,923,000	21%
	<b>Total Operating Expenses</b>	<b>\$382,310,000</b>	<b>\$373,601,000</b>	<b>(\$8,709,000)</b>	<b>-2%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$14,727,000</b>	<b>\$63,886,000</b>	<b>\$49,159,000</b>	<b>334%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$7,829,000	\$23,843,000	\$16,014,000	205%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$694,000)	(\$619,000)	\$75,000	-11%
	<b>Total Non-Operating Revenue</b>	<b>\$7,135,000</b>	<b>\$23,224,000</b>	<b>\$16,089,000</b>	<b>225%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$21,862,000</b>	<b>\$87,110,000</b>	<b>\$65,248,000</b>	<b>298%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$21,862,000</b>	<b>\$87,110,000</b>	<b>\$65,248,000</b>	<b>298%</b>
	Principal Payments	\$580,330	\$458,802	(\$121,528)	-21%

**SAINT VINCENT'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$264,964,087	\$276,920,249	\$11,956,162	5%
2	MEDICARE MANAGED CARE	\$112,248,748	\$126,113,193	\$13,864,445	12%
3	MEDICAID	\$83,571,067	\$123,052,339	\$39,481,272	47%
4	MEDICAID MANAGED CARE	\$30,059,815	\$7,400,239	(\$22,659,576)	-75%
5	CHAMPUS/TRICARE	\$421,973	\$414,508	(\$7,465)	-2%
6	COMMERCIAL INSURANCE	\$44,176,526	\$44,326,543	\$150,017	0%
7	NON-GOVERNMENT MANAGED CARE	\$121,717,135	\$123,357,974	\$1,640,839	1%
8	WORKER'S COMPENSATION	\$6,714,122	\$3,863,153	(\$2,850,969)	-42%
9	SELF- PAY/UNINSURED	\$19,174,537	\$22,641,056	\$3,466,519	18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,096,495	\$1,046,714	(\$49,781)	-5%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$684,144,505</b>	<b>\$729,135,968</b>	<b>\$44,991,463</b>	<b>7%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$72,962,013	\$80,488,372	\$7,526,359	10%
2	MEDICARE MANAGED CARE	\$31,556,790	\$40,060,910	\$8,504,120	27%
3	MEDICAID	\$37,385,599	\$78,313,625	\$40,928,026	109%
4	MEDICAID MANAGED CARE	\$29,092,757	\$8,322,969	(\$20,769,788)	-71%
5	CHAMPUS/TRICARE	\$349,831	\$527,215	\$177,384	51%
6	COMMERCIAL INSURANCE	\$35,572,018	\$41,267,368	\$5,695,350	16%
7	NON-GOVERNMENT MANAGED CARE	\$81,984,531	\$99,113,491	\$17,128,960	21%
8	WORKER'S COMPENSATION	\$5,600,859	\$6,572,718	\$971,859	17%
9	SELF- PAY/UNINSURED	\$25,074,092	\$31,706,504	\$6,632,412	26%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$510,375	\$676,806	\$166,431	33%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$320,088,865</b>	<b>\$387,049,978</b>	<b>\$66,961,113</b>	<b>21%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$337,926,100	\$357,408,621	\$19,482,521	6%
2	MEDICARE MANAGED CARE	\$143,805,538	\$166,174,103	\$22,368,565	16%
3	MEDICAID	\$120,956,666	\$201,365,964	\$80,409,298	66%
4	MEDICAID MANAGED CARE	\$59,152,572	\$15,723,208	(\$43,429,364)	-73%
5	CHAMPUS/TRICARE	\$771,804	\$941,723	\$169,919	22%
6	COMMERCIAL INSURANCE	\$79,748,544	\$85,593,911	\$5,845,367	7%
7	NON-GOVERNMENT MANAGED CARE	\$203,701,666	\$222,471,465	\$18,769,799	9%
8	WORKER'S COMPENSATION	\$12,314,981	\$10,435,871	(\$1,879,110)	-15%
9	SELF- PAY/UNINSURED	\$44,248,629	\$54,347,560	\$10,098,931	23%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,606,870	\$1,723,520	\$116,650	7%
	<b>TOTAL GROSS REVENUE</b>	<b>\$1,004,233,370</b>	<b>\$1,116,185,946</b>	<b>\$111,952,576</b>	<b>11%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$89,527,937	\$94,006,931	\$4,478,994	5%
2	MEDICARE MANAGED CARE	\$35,279,434	\$35,061,844	(\$217,590)	-1%
3	MEDICAID	\$17,883,645	\$26,596,233	\$8,712,588	49%
4	MEDICAID MANAGED CARE	\$7,350,578	\$1,874,484	(\$5,476,094)	-74%
5	CHAMPUS/TRICARE	\$154,404	\$176,111	\$21,707	14%
6	COMMERCIAL INSURANCE	\$20,297,776	\$22,954,308	\$2,656,532	13%
7	NON-GOVERNMENT MANAGED CARE	\$66,390,668	\$69,595,396	\$3,204,728	5%
8	WORKER'S COMPENSATION	\$4,302,101	\$3,122,207	(\$1,179,894)	-27%
9	SELF- PAY/UNINSURED	\$856,333	\$580,976	(\$275,357)	-32%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$535,027	\$447,584	(\$87,443)	-16%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$242,577,903</b>	<b>\$254,416,074</b>	<b>\$11,838,171</b>	<b>5%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$18,467,672	\$22,308,442	\$3,840,770	21%
2	MEDICARE MANAGED CARE	\$8,282,133	\$10,693,375	\$2,411,242	29%
3	MEDICAID	\$9,573,530	\$20,060,434	\$10,486,904	110%
4	MEDICAID MANAGED CARE	\$8,472,806	\$1,554,847	(\$6,917,959)	-82%
5	CHAMPUS/TRICARE	\$92,111	\$167,724	\$75,613	82%
6	COMMERCIAL INSURANCE	\$14,543,579	\$22,644,602	\$8,101,023	56%
7	NON-GOVERNMENT MANAGED CARE	\$43,041,569	\$52,194,732	\$9,153,163	21%
8	WORKER'S COMPENSATION	\$4,275,655	\$4,899,166	\$623,511	15%
9	SELF- PAY/UNINSURED	\$1,803,958	\$1,876,106	\$72,148	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$196,253	\$130,183	(\$66,070)	-34%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$108,749,266</b>	<b>\$136,529,611</b>	<b>\$27,780,345</b>	<b>26%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$107,995,609	\$116,315,373	\$8,319,764	8%
2	MEDICARE MANAGED CARE	\$43,561,567	\$45,755,219	\$2,193,652	5%
3	MEDICAID	\$27,457,175	\$46,656,667	\$19,199,492	70%
4	MEDICAID MANAGED CARE	\$15,823,384	\$3,429,331	(\$12,394,053)	-78%
5	CHAMPUS/TRICARE	\$246,515	\$343,835	\$97,320	39%
6	COMMERCIAL INSURANCE	\$34,841,355	\$45,598,910	\$10,757,555	31%
7	NON-GOVERNMENT MANAGED CARE	\$109,432,237	\$121,790,128	\$12,357,891	11%
8	WORKER'S COMPENSATION	\$8,577,756	\$8,021,373	(\$556,383)	-6%
9	SELF- PAY/UNINSURED	\$2,660,291	\$2,457,082	(\$203,209)	-8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$731,280	\$577,767	(\$153,513)	-21%
	<b>TOTAL NET REVENUE</b>	<b>\$351,327,169</b>	<b>\$390,945,685</b>	<b>\$39,618,516</b>	<b>11%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	7,155	7,000	(155)	-2%
2	MEDICARE MANAGED CARE	3,009	3,153	144	5%
3	MEDICAID	2,810	4,374	1,564	56%
4	MEDICAID MANAGED CARE	1,678	399	(1,279)	-76%
5	CHAMPUS/TRICARE	21	29	8	38%
6	COMMERCIAL INSURANCE	1,753	1,660	(93)	-5%
7	NON-GOVERNMENT MANAGED CARE	4,513	4,210	(303)	-7%
8	WORKER'S COMPENSATION	142	99	(43)	-30%
9	SELF- PAY/UNINSURED	991	950	(41)	-4%
10	SAGA	0	0	0	0%
11	OTHER	28	38	10	36%
	<b>TOTAL DISCHARGES</b>	<b>22,100</b>	<b>21,912</b>	<b>(188)</b>	<b>-1%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	45,731	45,108	(623)	-1%
2	MEDICARE MANAGED CARE	17,942	18,472	530	3%
3	MEDICAID	18,000	25,194	7,194	40%
4	MEDICAID MANAGED CARE	8,478	2,082	(6,396)	-75%
5	CHAMPUS/TRICARE	56	97	41	73%
6	COMMERCIAL INSURANCE	7,621	7,683	62	1%
7	NON-GOVERNMENT MANAGED CARE	19,396	19,097	(299)	-2%
8	WORKER'S COMPENSATION	501	270	(231)	-46%
9	SELF- PAY/UNINSURED	4,531	4,631	100	2%
10	SAGA	0	0	0	0%
11	OTHER	184	244	60	33%
	<b>TOTAL PATIENT DAYS</b>	<b>122,440</b>	<b>122,878</b>	<b>438</b>	<b>0%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	41,096	45,583	4,487	11%
2	MEDICARE MANAGED CARE	15,241	18,023	2,782	18%
3	MEDICAID	33,923	66,450	32,527	96%
4	MEDICAID MANAGED CARE	36,353	9,017	(27,336)	-75%
5	CHAMPUS/TRICARE	286	356	70	24%
6	COMMERCIAL INSURANCE	30,208	31,039	831	3%
7	NON-GOVERNMENT MANAGED CARE	56,158	59,938	3,780	7%
8	WORKER'S COMPENSATION	8,760	8,325	(435)	-5%
9	SELF- PAY/UNINSURED	29,942	32,759	2,817	9%
10	SAGA	0	0	0	0%
11	OTHER	388	417	29	7%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>252,355</b>	<b>271,907</b>	<b>19,552</b>	<b>8%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$14,169,505	\$8,501,159	(\$5,668,346)	-40%
2	MEDICARE MANAGED CARE	\$5,545,290	\$4,979,960	(\$565,330)	-10%
3	MEDICAID	\$17,644,011	\$37,525,968	\$19,881,957	113%
4	MEDICAID MANAGED CARE	\$17,017,142	\$4,805,602	(\$12,211,540)	-72%
5	CHAMPUS/TRICARE	\$179,980	\$252,270	\$72,290	40%
6	COMMERCIAL INSURANCE	\$9,555,044	\$10,900,422	\$1,345,378	14%
7	NON-GOVERNMENT MANAGED CARE	\$19,472,744	\$21,915,698	\$2,442,954	13%
8	WORKER'S COMPENSATION	\$1,281,184	\$1,598,391	\$317,207	25%
9	SELF- PAY/UNINSURED	\$14,738,941	\$17,152,698	\$2,413,757	16%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$440,224	\$612,253	\$172,029	39%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$100,044,065</b>	<b>\$108,244,421</b>	<b>\$8,200,356</b>	<b>8%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$3,234,767	\$3,399,765	\$164,998	5%
2	MEDICARE MANAGED CARE	\$1,685,389	\$1,300,996	(\$384,393)	-23%
3	MEDICAID	\$3,635,170	\$5,272,411	\$1,637,241	45%
4	MEDICAID MANAGED CARE	\$4,981,575	\$1,604,352	(\$3,377,223)	-68%
5	CHAMPUS/TRICARE	\$53,499	\$61,552	\$8,053	15%
6	COMMERCIAL INSURANCE	\$5,876,939	\$6,195,884	\$318,945	5%
7	NON-GOVERNMENT MANAGED CARE	\$14,761,450	\$13,799,944	(\$961,506)	-7%
8	WORKER'S COMPENSATION	\$1,039,224	\$1,278,582	\$239,358	23%
9	SELF- PAY/UNINSURED	\$889,598	\$3,956,636	\$3,067,038	345%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$164,219	\$111,917	(\$52,302)	-32%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$36,321,830</b>	<b>\$36,982,039</b>	<b>\$660,209</b>	<b>2%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	6,901	7,531	630	9%
2	MEDICARE MANAGED CARE	2,484	2,917	433	17%
3	MEDICAID	10,796	22,902	12,106	112%
4	MEDICAID MANAGED CARE	13,226	3,448	(9,778)	-74%
5	CHAMPUS/TRICARE	106	142	36	34%
6	COMMERCIAL INSURANCE	5,627	5,629	2	0%
7	NON-GOVERNMENT MANAGED CARE	10,781	10,998	217	2%
8	WORKER'S COMPENSATION	942	969	27	3%
9	SELF- PAY/UNINSURED	9,196	9,521	325	4%
10	SAGA	0	0	0	0%
11	OTHER	301	341	40	13%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>60,360</b>	<b>64,398</b>	<b>4,038</b>	<b>7%</b>

**SAINT VINCENT'S MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
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**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I.</b>	<b><u>OPERATING EXPENSE BY CATEGORY</u></b>				
<b>A.</b>	<b><u>Salaries &amp; Wages:</u></b>				
1	Nursing Salaries	\$62,345,375	\$64,980,063	\$2,634,688	4%
2	Physician Salaries	\$10,691,645	\$11,509,155	\$817,510	8%
3	Non-Nursing, Non-Physician Salaries	\$69,982,980	\$76,016,782	\$6,033,802	9%
	<b>Total Salaries &amp; Wages</b>	<b>\$143,020,000</b>	<b>\$152,506,000</b>	<b>\$9,486,000</b>	<b>7%</b>
<b>B.</b>	<b><u>Fringe Benefits:</u></b>				
1	Nursing Fringe Benefits	\$17,202,845	\$7,091,846	(\$10,110,999)	-59%
2	Physician Fringe Benefits	\$2,950,126	\$1,256,095	(\$1,694,031)	-57%
3	Non-Nursing, Non-Physician Fringe Benefits	\$19,310,029	\$8,296,059	(\$11,013,970)	-57%
	<b>Total Fringe Benefits</b>	<b>\$39,463,000</b>	<b>\$16,644,000</b>	<b>(\$22,819,000)</b>	<b>-58%</b>
<b>C.</b>	<b><u>Contractual Labor Fees:</u></b>				
1	Nursing Fees	\$1,132,788	\$1,593,211	\$460,423	41%
2	Physician Fees	\$3,123,000	\$2,868,000	(\$255,000)	-8%
3	Non-Nursing, Non-Physician Fees	\$788,496	\$880,439	\$91,943	12%
	<b>Total Contractual Labor Fees</b>	<b>\$5,044,284</b>	<b>\$5,341,650</b>	<b>\$297,366</b>	<b>6%</b>
<b>D.</b>	<b><u>Medical Supplies and Pharmaceutical Cost:</u></b>				
1	Medical Supplies	\$37,894,700	\$29,887,000	(\$8,007,700)	-21%
2	Pharmaceutical Costs	\$13,382,300	\$13,999,000	\$616,700	5%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$51,277,000</b>	<b>\$43,886,000</b>	<b>(\$7,391,000)</b>	<b>-14%</b>
<b>E.</b>	<b><u>Depreciation and Amortization:</u></b>				
1	Depreciation-Building	\$10,340,960	\$10,292,953	(\$48,007)	0%
2	Depreciation-Equipment	\$12,554,040	\$11,064,673	(\$1,489,367)	-12%
3	Amortization	\$0	\$1,438,374	\$1,438,374	0%
	<b>Total Depreciation and Amortization</b>	<b>\$22,895,000</b>	<b>\$22,796,000</b>	<b>(\$99,000)</b>	<b>0%</b>
<b>F.</b>	<b><u>Bad Debts:</u></b>				
1	Bad Debts	\$32,811,000	\$27,411,000	(\$5,400,000)	-16%
<b>G.</b>	<b><u>Interest Expense:</u></b>				
1	Interest Expense	\$2,562,000	\$2,149,000	(\$413,000)	-16%
<b>H.</b>	<b><u>Malpractice Insurance Cost:</u></b>				
1	Malpractice Insurance Cost	\$3,148,000	\$3,407,000	\$259,000	8%
<b>I.</b>	<b><u>Utilities:</u></b>				
1	Water	\$414,496	\$442,431	\$27,935	7%
2	Natural Gas	\$1,434,571	\$1,281,466	(\$153,105)	-11%
3	Oil	\$77,234	\$9,666	(\$67,568)	-87%
4	Electricity	\$3,369,703	\$3,425,538	\$55,835	2%
5	Telephone	\$841,565	\$591,032	(\$250,533)	-30%
6	Other Utilities	\$48,387	\$53,381	\$4,994	10%
	<b>Total Utilities</b>	<b>\$6,185,956</b>	<b>\$5,803,514</b>	<b>(\$382,442)</b>	<b>-6%</b>
<b>J.</b>	<b><u>Business Expenses:</u></b>				
1	Accounting Fees	\$447,983	\$460,388	\$12,405	3%
2	Legal Fees	\$1,506,862	\$1,378,129	(\$128,733)	-9%
3	Consulting Fees	\$1,598,828	\$2,420,244	\$821,416	51%
4	Dues and Membership	\$757,218	\$997,670	\$240,452	32%
5	Equipment Leases	\$676,143	\$1,063,171	\$387,028	57%
6	Building Leases	\$2,155,801	\$2,322,431	\$166,630	8%
7	Repairs and Maintenance	\$2,859,696	\$2,323,404	(\$536,292)	-19%
8	Insurance	\$403,790	\$512,560	\$108,770	27%

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**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$143,120	\$220,485	\$77,365	54%
10	Conferences	\$496,027	\$565,276	\$69,249	14%
11	Property Tax	\$111,000	\$78,090	(\$32,910)	-30%
12	General Supplies	\$8,765,595	\$5,960,841	(\$2,804,754)	-32%
13	Licenses and Subscriptions	\$237,932	\$237,408	(\$524)	0%
14	Postage and Shipping	\$287,982	\$233,664	(\$54,318)	-19%
15	Advertising	\$2,409,423	\$2,742,386	\$332,963	14%
16	Corporate parent/system fees	\$0	\$2,669,887	\$2,669,887	0%
17	Computer Software	\$0	\$241,533	\$241,533	0%
18	Computer hardware & small equipment	\$0	\$986,595	\$986,595	0%
19	Dietary / Food Services	\$0	\$3,716,964	\$3,716,964	0%
20	Lab Fees / Red Cross charges	\$0	\$5,202,427	\$5,202,427	0%
21	Billing & Collection / Bank Fees	\$0	\$3,377,323	\$3,377,323	0%
22	Recruiting / Employee Education & Recognition	\$0	\$1,403,028	\$1,403,028	0%
23	Laundry / Linen	\$0	\$1,115,781	\$1,115,781	0%
24	Professional / Physician Fees	\$0	\$1,185,754	\$1,185,754	0%
25	Waste disposal	\$0	\$18,381	\$18,381	0%
26	Purchased Services - Medical	\$0	\$8,492,734	\$8,492,734	0%
27	Purchased Services - Non Medical	\$0	\$42,784,398	\$42,784,398	0%
28	Other Business Expenses	\$53,046,360	\$945,884	(\$52,100,476)	-98%
	<b>Total Business Expenses</b>	<b>\$75,903,760</b>	<b>\$93,656,836</b>	<b>\$17,753,076</b>	<b>23%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$382,310,000</b>	<b>\$373,601,000</b>	<b>(\$8,709,000)</b>	<b>-2%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$97,191,662	\$57,118,652	(\$40,073,010)	-41%
2	General Accounting	\$2,129,271	\$2,287,629	\$158,358	7%
3	Patient Billing & Collection	\$4,511,087	\$4,877,772	\$366,685	8%
4	Admitting / Registration Office	\$2,340,348	\$2,418,865	\$78,517	3%
5	Data Processing	\$15,962,507	\$16,380,015	\$417,508	3%
6	Communications	\$1,950,699	\$1,934,728	(\$15,971)	-1%
7	Personnel	\$42,370,964	\$44,303,581	\$1,932,617	5%
8	Public Relations	\$3,222,346	\$3,728,917	\$506,571	16%
9	Purchasing	\$649,073	\$810,522	\$161,449	25%
10	Dietary and Cafeteria	\$5,665,046	\$6,003,281	\$338,235	6%
11	Housekeeping	\$3,755,441	\$4,216,323	\$460,882	12%
12	Laundry & Linen	\$1,032,487	\$1,033,595	\$1,108	0%
13	Operation of Plant	\$6,688,658	\$6,757,114	\$68,456	1%
14	Security	\$1,632,046	\$1,787,229	\$155,183	10%
15	Repairs and Maintenance	\$7,951,444	\$8,455,304	\$503,860	6%
16	Central Sterile Supply	\$1,004,325	\$1,019,852	\$15,527	2%
17	Pharmacy Department	\$18,266,040	\$19,141,708	\$875,668	5%
18	Other General Services	\$0	\$0	\$0	0%
	<b>Total General Services</b>	<b>\$216,323,444</b>	<b>\$182,275,087</b>	<b>(\$34,048,357)</b>	<b>-16%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$434,691	\$29,391	(\$405,300)	-93%
2	Residency Program	\$5,163,577	\$5,019,792	(\$143,785)	-3%
3	Nursing Services Administration	\$2,718,469	\$2,764,469	\$46,000	2%
4	Medical Records	\$2,723,531	\$3,309,210	\$585,679	22%



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(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
5	Social Service	\$750,423	\$821,604	\$71,181	9%
6	Other Professional Services	\$0	\$0	\$0	0%
	<b>Total Professional Services</b>	<b>\$11,790,691</b>	<b>\$11,944,466</b>	<b>\$153,775</b>	<b>1%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$23,696,971	\$21,821,728	(\$1,875,243)	-8%
2	Recovery Room	\$1,818,030	\$1,882,335	\$64,305	4%
3	Anesthesiology	\$1,111,281	\$1,275,722	\$164,441	15%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$3,853,560	\$3,877,185	\$23,625	1%
6	Diagnostic Ultrasound	\$700,630	\$805,376	\$104,746	15%
7	Radiation Therapy	\$1,816,682	\$1,694,528	(\$122,154)	-7%
8	Radioisotopes	\$478,691	\$475,134	(\$3,557)	-1%
9	CT Scan	\$1,337,824	\$1,403,081	\$65,257	5%
10	Laboratory	\$7,243,260	\$7,285,072	\$41,812	1%
11	Blood Storing/Processing	\$3,224,422	\$3,835,402	\$610,980	19%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$1,617,301	\$5,509,447	\$3,892,146	241%
14	Electroencephalography	\$49,822	\$58,316	\$8,494	17%
15	Occupational Therapy	\$550,960	\$0	(\$550,960)	-100%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,611,733	\$2,621,264	\$9,531	0%
19	Pulmonary Function	\$415,433	\$400,229	(\$15,204)	-4%
20	Intravenous Therapy	\$325,549	\$272,348	(\$53,201)	-16%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$919,588	\$1,068,863	\$149,275	16%
24	Emergency Room	\$11,531,717	\$19,191,393	\$7,659,676	66%
25	MRI	\$484,622	\$506,191	\$21,569	4%
26	PET Scan	\$126,549	\$128,640	\$2,091	2%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,208,187	\$1,181,770	(\$26,417)	-2%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$11,314,461	\$12,727,069	\$1,412,608	12%
32	Occupational Therapy / Physical Therapy	\$1,117,613	\$1,831,791	\$714,178	64%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,783,488	\$2,801,443	\$17,955	1%
	<b>Total Special Services</b>	<b>\$80,338,374</b>	<b>\$92,654,327</b>	<b>\$12,315,953</b>	<b>15%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$35,445,176	\$40,627,649	\$5,182,473	15%
2	Intensive Care Unit	\$7,904,653	\$9,173,736	\$1,269,083	16%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$9,575,998	\$10,584,292	\$1,008,294	11%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,338,716	\$4,273,038	(\$65,678)	-2%
7	Newborn Nursery Unit	\$1,281,233	\$1,269,661	(\$11,572)	-1%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,083,880	\$2,256,742	\$172,862	8%
10	Ambulatory Surgery	\$5,971,049	\$6,494,009	\$522,960	9%
11	Home Care	\$0	\$0	\$0	0%

SAINT VINCENT'S MEDICAL CENTER				
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REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$353,724,000	\$ 389,074,000	\$424,565,000
2	Other Operating Revenue	12,850,000	7,963,000	12,922,000
3	Total Operating Revenue	\$366,574,000	\$397,037,000	\$437,487,000
4	Total Operating Expenses	351,813,000	382,310,000	373,601,000
5	Income/(Loss) From Operations	\$14,761,000	\$14,727,000	\$63,886,000
6	Total Non-Operating Revenue	26,004,000	7,135,000	23,224,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$40,765,000	\$21,862,000	\$87,110,000
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	3.76%	3.64%	13.87%
2	Hospital Non Operating Margin	6.62%	1.77%	5.04%
3	Hospital Total Margin	10.38%	5.41%	18.91%
4	Income/(Loss) From Operations	\$14,761,000	\$14,727,000	\$63,886,000
5	Total Operating Revenue	\$366,574,000	\$397,037,000	\$437,487,000
6	Total Non-Operating Revenue	\$26,004,000	\$7,135,000	\$23,224,000
7	Total Revenue	\$392,578,000	\$404,172,000	\$460,711,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$40,765,000	\$21,862,000	\$87,110,000
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$373,265,000	\$427,407,000	\$475,180,000
2	Hospital Total Net Assets	\$396,726,000	\$445,927,000	\$495,284,000
3	Hospital Change in Total Net Assets	\$40,216,000	\$49,201,000	\$49,357,000
4	Hospital Change in Total Net Assets %	111.3%	12.4%	11.1%
<b>D. <u>Cost Data Summary</u></b>				
1	<b><u>Ratio of Cost to Charges</u></b>	<b>0.37</b>	<b>0.38</b>	<b>0.33</b>
2	Total Operating Expenses	\$351,813,000	\$382,310,000	\$373,601,000
3	Total Gross Revenue	\$928,515,628	\$1,004,233,370	\$1,116,185,946
4	Total Other Operating Revenue	\$12,404,000	\$7,720,000	\$12,640,000
5	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.35</b>	<b>1.37</b>	<b>1.66</b>
6	Total Non-Government Payments	\$148,985,162	\$155,511,639	\$177,867,493

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REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
7	Total Uninsured Payments	\$2,828,590	\$2,660,291	\$2,457,082
8	Total Non-Government Charges	\$329,316,787	\$340,013,820	\$372,848,807
9	Total Uninsured Charges	\$40,048,835	\$44,248,629	\$54,347,560
10	<b>Medicare Payment to Cost Ratio</b>	<b>0.88</b>	<b>0.83</b>	<b>0.94</b>
11	Total Medicare Payments	\$148,147,249	\$151,557,176	\$162,070,592
12	Total Medicare Charges	\$449,462,026	\$481,731,638	\$523,582,724
13	<b>Medicaid Payment to Cost Ratio</b>	<b>0.67</b>	<b>0.64</b>	<b>0.70</b>
14	Total Medicaid Payments	\$32,883,534	\$43,280,559	\$50,085,998
15	Total Medicaid Charges	\$130,985,683	\$180,109,238	\$217,089,172
16	<b>Uncompensated Care Cost</b>	<b>\$14,299,563</b>	<b>\$15,805,393</b>	<b>\$14,145,742</b>
17	Charity Care	\$7,662,000	\$9,025,000	\$15,330,000
18	Bad Debts	\$30,582,008	\$32,811,000	\$27,411,000
19	Total Uncompensated Care	\$38,244,008	\$41,836,000	\$42,741,000
20	<b>Uncompensated Care % of Total Expenses</b>	<b>4.1%</b>	<b>4.1%</b>	<b>3.8%</b>
21	Total Operating Expenses	\$351,813,000	\$382,310,000	\$373,601,000
<b>E. Liquidity Measures Summary</b>				
1	<b>Current Ratio</b>	<b>1.63</b>	<b>1.34</b>	<b>1.28</b>
2	Total Current Assets	\$84,134,000	\$75,794,000	\$84,726,000
3	Total Current Liabilities	\$51,670,000	\$56,576,000	\$66,349,000
4	<b>Days Cash on Hand</b>	<b>23</b>	<b>7</b>	<b>20</b>
5	Cash and Cash Equivalents	\$6,014,000	\$6,480,000	\$4,388,000
6	Short Term Investments	15,056,000	97,000	14,580,000
7	Total Cash and Short Term Investments	\$21,070,000	\$6,577,000	\$18,968,000
8	Total Operating Expenses	\$351,813,000	\$382,310,000	\$373,601,000
9	Depreciation Expense	\$22,115,000	\$22,895,000	\$22,796,000
10	Operating Expenses less Depreciation Expense	\$329,698,000	\$359,415,000	\$350,805,000
11	<b>Days Revenue in Patient Accounts Receivable</b>	<b>33.08</b>	<b>32.99</b>	<b>33.82</b>

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REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
12	Net Patient Accounts Receivable	\$ 44,277,000	\$ 46,049,000	\$ 51,340,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$12,219,000	\$10,883,000	\$12,000,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 32,058,000	\$ 35,166,000	\$ 39,340,000
16	Total Net Patient Revenue	\$353,724,000	\$ 389,074,000	\$ 424,565,000
17	<b>Average Payment Period</b>	<b>57.20</b>	<b>57.46</b>	<b>69.03</b>
18	Total Current Liabilities	\$51,670,000	\$56,576,000	\$66,349,000
19	Total Operating Expenses	\$351,813,000	\$382,310,000	\$373,601,000
20	Depreciation Expense	\$22,115,000	\$22,895,000	\$22,796,000
21	Total Operating Expenses less Depreciation Expense	\$329,698,000	\$359,415,000	\$350,805,000
<b>F. Solvency Measures Summary</b>				
1	<b>Equity Financing Ratio</b>	<b>69.9</b>	<b>76.4</b>	<b>77.6</b>
2	Total Net Assets	\$396,726,000	\$445,927,000	\$495,284,000
3	Total Assets	\$567,604,000	\$583,472,000	\$638,641,000
4	<b>Cash Flow to Total Debt Ratio</b>	<b>51.5</b>	<b>39.2</b>	<b>88.9</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$40,765,000	\$21,862,000	\$87,110,000
6	Depreciation Expense	\$22,115,000	\$22,895,000	\$22,796,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$62,880,000	\$44,757,000	\$109,906,000
8	Total Current Liabilities	\$51,670,000	\$56,576,000	\$66,349,000
9	Total Long Term Debt	\$70,486,000	\$57,659,000	\$57,226,000
10	Total Current Liabilities and Total Long Term Debt	\$122,156,000	\$114,235,000	\$123,575,000
11	<b>Long Term Debt to Capitalization Ratio</b>	<b>15.1</b>	<b>11.4</b>	<b>10.4</b>
12	Total Long Term Debt	\$70,486,000	\$57,659,000	\$57,226,000
13	Total Net Assets	\$396,726,000	\$445,927,000	\$495,284,000
14	Total Long Term Debt and Total Net Assets	\$467,212,000	\$503,586,000	\$552,510,000
15	<b>Debt Service Coverage Ratio</b>	<b>20.9</b>	<b>15.1</b>	<b>43.0</b>
16	Excess Revenues over Expenses	\$40,765,000	\$21,862,000	\$87,110,000
17	Interest Expense	\$2,186,000	\$2,562,000	\$2,149,000
18	Depreciation and Amortization Expense	\$22,115,000	\$22,895,000	\$22,796,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
19	Principal Payments	\$932,801	\$580,330	\$458,802
<b>G. Other Financial Ratios</b>				
20	<b>Average Age of Plant</b>	<b>8.3</b>	<b>8.6</b>	<b>9.6</b>
21	Accumulated Depreciation	\$183,826,000	\$197,451,000	\$218,139,000
22	Depreciation and Amortization Expense	\$22,115,000	\$22,895,000	\$22,796,000
<b>H. Utilization Measures Summary</b>				
1	Patient Days	122,812	122,440	122,878
2	Discharges	21,873	22,100	21,912
3	ALOS	5.6	5.5	5.6
4	Staffed Beds	423	423	456
5	Available Beds	-	423	456
6	Licensed Beds	520	520	520
6	Occupancy of Staffed Beds	79.5%	79.3%	73.8%
7	Occupancy of Available Beds	79.5%	79.3%	73.8%
8	Full Time Equivalent Employees	2,020.1	2,047.2	2,078.2
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	31.2%	29.5%	28.5%
2	Medicare Gross Revenue Payer Mix Percentage	48.4%	48.0%	46.9%
3	Medicaid Gross Revenue Payer Mix Percentage	14.1%	17.9%	19.4%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	1.9%	0.2%	0.2%
5	Uninsured Gross Revenue Payer Mix Percentage	4.3%	4.4%	4.9%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$289,267,952	\$295,765,191	\$318,501,247
9	Medicare Gross Revenue (Charges)	\$449,462,026	\$481,731,638	\$523,582,724
10	Medicaid Gross Revenue (Charges)	\$130,985,683	\$180,109,238	\$217,089,172
11	Other Medical Assistance Gross Revenue (Charges)	\$18,000,816	\$1,606,870	\$1,723,520
12	Uninsured Gross Revenue (Charges)	\$40,048,835	\$44,248,629	\$54,347,560
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$750,316	\$771,804	\$941,723
14	Total Gross Revenue (Charges)	\$928,515,628	\$1,004,233,370	\$1,116,185,946
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	43.9%	43.5%	44.9%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
2	Medicare Net Revenue Payer Mix Percentage	44.5%	43.1%	41.5%
3	Medicaid Net Revenue Payer Mix Percentage	9.9%	12.3%	12.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.7%	0.2%	0.1%
5	Uninsured Net Revenue Payer Mix Percentage	0.9%	0.8%	0.6%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$146,156,572	\$152,851,348	\$175,410,411
9	Medicare Net Revenue (Payments)	\$148,147,249	\$151,557,176	\$162,070,592
10	Medicaid Net Revenue (Payments)	\$32,883,534	\$43,280,559	\$50,085,998
11	Other Medical Assistance Net Revenue (Payments)	\$2,300,050	\$731,280	\$577,767
12	Uninsured Net Revenue (Payments)	\$2,828,590	\$2,660,291	\$2,457,082
13	CHAMPUS / TRICARE Net Revenue Payments)	\$281,594	\$246,515	\$343,835
14	Total Net Revenue (Payments)	\$332,597,589	\$351,327,169	\$390,945,685
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	7,897	7,399	6,919
2	Medicare	9,920	10,164	10,153
3	Medical Assistance	4,026	4,516	4,811
4	Medicaid	3,652	4,488	4,773
5	Other Medical Assistance	374	28	38
6	CHAMPUS / TRICARE	30	21	29
7	Uninsured (Included In Non-Government)	1,024	991	950
8	Total	21,873	22,100	21,912
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	1.227600	1.236900	1.240300
2	Medicare	1.516200	1.497100	1.458500
3	Medical Assistance	0.961121	0.995706	1.050721
4	Medicaid	0.927400	0.995400	1.051000
5	Other Medical Assistance	1.290400	1.044900	1.015800
6	CHAMPUS / TRICARE	0.810400	1.383600	0.747600
7	Uninsured (Included In Non-Government)	1.067500	1.026000	1.056700
8	Total Case Mix Index	1.308866	1.307421	1.299127
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	14,253	15,163	15,374
2	Emergency Room - Treated and Discharged	54,760	60,360	64,398
3	Total Emergency Room Visits	69,013	75,523	79,772

**SAINT VINCENT'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$12,395,890	\$9,416,762	(\$2,979,128)	-24%
2	Inpatient Payments	\$3,154,148	\$3,957,364	\$803,216	25%
3	Outpatient Charges	\$3,571,108	\$3,497,536	(\$73,572)	-2%
4	Outpatient Payments	\$1,026,882	\$1,484,838	\$457,956	45%
5	Discharges	326	240	(86)	-26%
6	Patient Days	1,827	1,355	(472)	-26%
7	Outpatient Visits (Excludes ED Visits)	1,485	1,038	(447)	-30%
8	Emergency Department Outpatient Visits	252	205	(47)	-19%
9	Emergency Department Inpatient Admissions	260	196	(64)	-25%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$15,966,998</b>	<b>\$12,914,298</b>	<b>(\$3,052,700)</b>	<b>-19%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,181,030</b>	<b>\$5,442,202</b>	<b>\$1,261,172</b>	<b>30%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$12,143,585	\$18,522,354	\$6,378,769	53%
2	Inpatient Payments	\$3,406,947	\$4,650,348	\$1,243,401	36%
3	Outpatient Charges	\$4,004,825	\$6,380,993	\$2,376,168	59%
4	Outpatient Payments	\$1,041,484	\$1,666,174	\$624,690	60%
5	Discharges	299	469	170	57%
6	Patient Days	1,969	2,569	600	30%
7	Outpatient Visits (Excludes ED Visits)	1,859	2,752	893	48%
8	Emergency Department Outpatient Visits	295	392	97	33%
9	Emergency Department Inpatient Admissions	227	365	138	61%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$16,148,410</b>	<b>\$24,903,347</b>	<b>\$8,754,937</b>	<b>54%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,448,431</b>	<b>\$6,316,522</b>	<b>\$1,868,091</b>	<b>42%</b>

**SAINT VINCENT'S MEDICAL CENTER**  
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**FISCAL YEAR 2012**  
**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$22,853,036	\$0	(\$22,853,036)	-100%
2	Inpatient Payments	\$10,408,127	\$0	(\$10,408,127)	-100%
3	Outpatient Charges	\$5,288,376	\$0	(\$5,288,376)	-100%
4	Outpatient Payments	\$2,156,264	\$0	(\$2,156,264)	-100%
5	Discharges	640	0	(640)	-100%
6	Patient Days	3,881	0	(3,881)	-100%
7	Outpatient Visits (Excludes ED Visits)	2,375	0	(2,375)	-100%
8	Emergency Department Outpatient Visits	409	0	(409)	-100%
9	Emergency Department Inpatient Admissions	506	0	(506)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$28,141,412</b>	<b>\$0</b>	<b>(\$28,141,412)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$12,564,391</b>	<b>\$0</b>	<b>(\$12,564,391)</b>	<b>-100%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$11,781	\$11,781	0%
2	Inpatient Payments	\$0	\$3,153	\$3,153	0%
3	Outpatient Charges	\$4,158	\$11,672	\$7,514	181%
4	Outpatient Payments	\$1,932	\$1,450	(\$482)	-25%
5	Discharges	0	1	1	0%
6	Patient Days	0	1	1	0%
7	Outpatient Visits (Excludes ED Visits)	1	12	11	1100%
8	Emergency Department Outpatient Visits	3	2	(1)	-33%
9	Emergency Department Inpatient Admissions	0	1	1	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,158</b>	<b>\$23,453</b>	<b>\$19,295</b>	<b>464%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,932</b>	<b>\$4,603</b>	<b>\$2,671</b>	<b>138%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$233,626	\$157,721	(\$75,905)	-32%
2	Inpatient Payments	\$9,761	\$120,318	\$110,557	1133%
3	Outpatient Charges	\$58,213	\$127,298	\$69,085	119%
4	Outpatient Payments	\$174	\$39,487	\$39,313	22594%
5	Discharges	1	5	4	400%
6	Patient Days	6	32	26	433%
7	Outpatient Visits (Excludes ED Visits)	29	176	147	507%
8	Emergency Department Outpatient Visits	2	4	2	100%
9	Emergency Department Inpatient Admissions	4	3	(1)	-25%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$291,839</b>	<b>\$285,019</b>	<b>(\$6,820)</b>	<b>-2%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$9,935</b>	<b>\$159,805</b>	<b>\$149,870</b>	<b>1509%</b>



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**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$51,186,272	\$71,972,538	\$20,786,266	41%
2	Inpatient Payments	\$14,001,350	\$19,525,472	\$5,524,122	39%
3	Outpatient Charges	\$14,301,219	\$21,973,589	\$7,672,370	54%
4	Outpatient Payments	\$2,927,642	\$5,692,447	\$2,764,805	94%
5	Discharges	1,396	1,771	375	27%
6	Patient Days	8,053	10,568	2,515	31%
7	Outpatient Visits (Excludes ED Visits)	5,164	7,950	2,786	54%
8	Emergency Department Outpatient Visits	1,066	1,536	470	44%
9	Emergency Department Inpatient Admissions	1,162	1,466	304	26%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$65,487,491</b>	<b>\$93,946,127</b>	<b>\$28,458,636</b>	<b>43%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$16,928,992</b>	<b>\$25,217,919</b>	<b>\$8,288,927</b>	<b>49%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$5,453,824	\$7,223,874	\$1,770,050	32%
2	Inpatient Payments	\$1,652,561	\$2,008,022	\$355,461	22%
3	Outpatient Charges	\$2,118,288	\$3,049,737	\$931,449	44%
4	Outpatient Payments	\$529,786	\$525,873	(\$3,913)	-1%
5	Discharges	152	194	42	28%
6	Patient Days	1,012	1,113	101	10%
7	Outpatient Visits (Excludes ED Visits)	868	1,045	177	20%
8	Emergency Department Outpatient Visits	297	401	104	35%
9	Emergency Department Inpatient Admissions	130	169	39	30%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,572,112</b>	<b>\$10,273,611</b>	<b>\$2,701,499</b>	<b>36%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,182,347</b>	<b>\$2,533,895</b>	<b>\$351,548</b>	<b>16%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$3,956,924	\$15,971,639	\$12,014,715	304%
2	Inpatient Payments	\$1,204,839	\$3,897,533	\$2,692,694	223%
3	Outpatient Charges	\$867,098	\$4,274,397	\$3,407,299	393%
4	Outpatient Payments	\$233,945	\$1,066,080	\$832,135	356%
5	Discharges	92	390	298	324%
6	Patient Days	600	2,362	1,762	294%
7	Outpatient Visits (Excludes ED Visits)	429	1,850	1,421	331%
8	Emergency Department Outpatient Visits	66	301	235	356%
9	Emergency Department Inpatient Admissions	64	322	258	403%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,824,022</b>	<b>\$20,246,036</b>	<b>\$15,422,014</b>	<b>320%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,438,784</b>	<b>\$4,963,613</b>	<b>\$3,524,829</b>	<b>245%</b>

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**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$934,051	\$981,963	\$47,912	5%
2	Inpatient Payments	\$278,470	\$361,826	\$83,356	30%
3	Outpatient Charges	\$462,818	\$307,647	(\$155,171)	-34%
4	Outpatient Payments	\$82,591	\$64,506	(\$18,085)	-22%
5	Discharges	23	29	6	26%
6	Patient Days	114	147	33	29%
7	Outpatient Visits (Excludes ED Visits)	140	106	(34)	-24%
8	Emergency Department Outpatient Visits	20	27	7	35%
9	Emergency Department Inpatient Admissions	17	25	8	47%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,396,869</b>	<b>\$1,289,610</b>	<b>(\$107,259)</b>	<b>-8%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$361,061</b>	<b>\$426,332</b>	<b>\$65,271</b>	<b>18%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$3,091,540	\$1,854,561	(\$1,236,979)	-40%
2	Inpatient Payments	\$1,163,231	\$537,808	(\$625,423)	-54%
3	Outpatient Charges	\$880,687	\$438,041	(\$442,646)	-50%
4	Outpatient Payments	\$281,433	\$152,520	(\$128,913)	-46%
5	Discharges	80	54	(26)	-33%
6	Patient Days	480	325	(155)	-32%
7	Outpatient Visits (Excludes ED Visits)	407	177	(230)	-57%
8	Emergency Department Outpatient Visits	74	49	(25)	-34%
9	Emergency Department Inpatient Admissions	73	50	(23)	-32%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,972,227</b>	<b>\$2,292,602</b>	<b>(\$1,679,625)</b>	<b>-42%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,444,664</b>	<b>\$690,328</b>	<b>(\$754,336)</b>	<b>-52%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$112,248,748</b>	<b>\$126,113,193</b>	<b>\$13,864,445</b>	<b>12%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$35,279,434</b>	<b>\$35,061,844</b>	<b>(\$217,590)</b>	<b>-1%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$31,556,790</b>	<b>\$40,060,910</b>	<b>\$8,504,120</b>	<b>27%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$8,282,133</b>	<b>\$10,693,375</b>	<b>\$2,411,242</b>	<b>29%</b>
	<b>TOTAL DISCHARGES</b>	<b>3,009</b>	<b>3,153</b>	<b>144</b>	<b>5%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>17,942</b>	<b>18,472</b>	<b>530</b>	<b>3%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>12,757</b>	<b>15,106</b>	<b>2,349</b>	<b>18%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>2,484</b>	<b>2,917</b>	<b>433</b>	<b>17%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>2,443</b>	<b>2,597</b>	<b>154</b>	<b>6%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$143,805,538</b>	<b>\$166,174,103</b>	<b>\$22,368,565</b>	<b>16%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$43,561,567</b>	<b>\$45,755,219</b>	<b>\$2,193,652</b>	<b>5%</b>

**SAINT VINCENT'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$8,900,309	\$2,037,538	(\$6,862,771)	-77%
2	Inpatient Payments	\$2,002,951	\$378,850	(\$1,624,101)	-81%
3	Outpatient Charges	\$16,475,527	\$4,719,796	(\$11,755,731)	-71%
4	Outpatient Payments	\$4,757,796	\$857,973	(\$3,899,823)	-82%
5	Discharges	709	148	(561)	-79%
6	Patient Days	2,072	422	(1,650)	-80%
7	Outpatient Visits (Excludes ED Visits)	11,708	3,116	(8,592)	-73%
8	Emergency Department Outpatient Visits	8,394	2,010	(6,384)	-76%
9	Emergency Department Inpatient Admissions	186	56	(130)	-70%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$25,375,836</b>	<b>\$6,757,334</b>	<b>(\$18,618,502)</b>	<b>-73%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$6,760,747</b>	<b>\$1,236,823</b>	<b>(\$5,523,924)</b>	<b>-82%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**SAINT VINCENT'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D.</b>	<b>OTHER MEDICAID MANAGED CARE</b>				
1	Inpatient Charges	\$13,231,104	\$4,107,984	(\$9,123,120)	-69%
2	Inpatient Payments	\$3,250,368	\$1,254,250	(\$1,996,118)	-61%
3	Outpatient Charges	\$1,722,342	\$242,688	(\$1,479,654)	-86%
4	Outpatient Payments	\$606,265	\$155,337	(\$450,928)	-74%
5	Discharges	383	126	(257)	-67%
6	Patient Days	4,423	1,328	(3,095)	-70%
7	Outpatient Visits (Excludes ED Visits)	3,439	390	(3,049)	-89%
8	Emergency Department Outpatient Visits	6	7	1	17%
9	Emergency Department Inpatient Admissions	192	57	(135)	-70%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$14,953,446</b>	<b>\$4,350,672</b>	<b>(\$10,602,774)</b>	<b>-71%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,856,633</b>	<b>\$1,409,587</b>	<b>(\$2,447,046)</b>	<b>-63%</b>
<b>E.</b>	<b>WELLCARE OF CONNECTICUT</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F.</b>	<b>FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**SAINT VINCENT'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$3,407,737	\$511,485	(\$2,896,252)	-85%
2	Inpatient Payments	\$872,350	\$92,063	(\$780,287)	-89%
3	Outpatient Charges	\$4,303,191	\$1,347,926	(\$2,955,265)	-69%
4	Outpatient Payments	\$1,248,509	\$199,977	(\$1,048,532)	-84%
5	Discharges	224	52	(172)	-77%
6	Patient Days	857	123	(734)	-86%
7	Outpatient Visits (Excludes ED Visits)	2,929	823	(2,106)	-72%
8	Emergency Department Outpatient Visits	2,116	623	(1,493)	-71%
9	Emergency Department Inpatient Admissions	48	11	(37)	-77%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,710,928</b>	<b>\$1,859,411</b>	<b>(\$5,851,517)</b>	<b>-76%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,120,859</b>	<b>\$292,040</b>	<b>(\$1,828,819)</b>	<b>-86%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$4,520,665	\$743,232	(\$3,777,433)	-84%
2	Inpatient Payments	\$1,224,909	\$149,321	(\$1,075,588)	-88%
3	Outpatient Charges	\$6,591,697	\$2,012,559	(\$4,579,138)	-69%
4	Outpatient Payments	\$1,860,236	\$341,560	(\$1,518,676)	-82%
5	Discharges	362	73	(289)	-80%
6	Patient Days	1,126	209	(917)	-81%
7	Outpatient Visits (Excludes ED Visits)	5,051	1,240	(3,811)	-75%
8	Emergency Department Outpatient Visits	2,710	808	(1,902)	-70%
9	Emergency Department Inpatient Admissions	99	24	(75)	-76%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$11,112,362</b>	<b>\$2,755,791</b>	<b>(\$8,356,571)</b>	<b>-75%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,085,145</b>	<b>\$490,881</b>	<b>(\$2,594,264)</b>	<b>-84%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$30,059,815</b>	<b>\$7,400,239</b>	<b>(\$22,659,576)</b>	<b>-75%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$7,350,578</b>	<b>\$1,874,484</b>	<b>(\$5,476,094)</b>	<b>-74%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$29,092,757</b>	<b>\$8,322,969</b>	<b>(\$20,769,788)</b>	<b>-71%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$8,472,806</b>	<b>\$1,554,847</b>	<b>(\$6,917,959)</b>	<b>-82%</b>
	<b>TOTAL DISCHARGES</b>	<b>1,678</b>	<b>399</b>	<b>(1,279)</b>	<b>-76%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>8,478</b>	<b>2,082</b>	<b>(6,396)</b>	<b>-75%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>23,127</b>	<b>5,569</b>	<b>(17,558)</b>	<b>-76%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>13,226</b>	<b>3,448</b>	<b>(9,778)</b>	<b>-74%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>525</b>	<b>148</b>	<b>(377)</b>	<b>-72%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$59,152,572</b>	<b>\$15,723,208</b>	<b>(\$43,429,364)</b>	<b>-73%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$15,823,384</b>	<b>\$3,429,331</b>	<b>(\$12,394,053)</b>	<b>-78%</b>

**SAINT VINCENT'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$8,155,000	\$7,416,000	(\$739,000)	-9%
2	Short Term Investments	\$4,548,000	\$20,274,000	\$15,726,000	346%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$47,626,000	\$54,446,000	\$6,820,000	14%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,852,000	\$4,075,000	\$1,223,000	43%
8	Prepaid Expenses	\$3,091,000	\$3,302,000	\$211,000	7%
9	Other Current Assets	\$8,040,000	\$5,650,000	(\$2,390,000)	-30%
	<b>Total Current Assets</b>	<b>\$74,312,000</b>	<b>\$95,163,000</b>	<b>\$20,851,000</b>	<b>28%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$224,359,000	\$39,566,000	(\$184,793,000)	-82%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$224,359,000</b>	<b>\$39,566,000</b>	<b>(\$184,793,000)</b>	<b>-82%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$108,053,000	\$341,371,000	\$233,318,000	216%
7	Other Noncurrent Assets	\$13,706,000	\$19,727,000	\$6,021,000	44%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$440,312,000	\$464,333,000	\$24,021,000	5%
2	Less: Accumulated Depreciation	\$212,078,000	\$234,011,000	\$21,933,000	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$228,234,000</b>	<b>\$230,322,000</b>	<b>\$2,088,000</b>	<b>1%</b>
3	Construction in Progress	\$8,014,000	\$388,000	(\$7,626,000)	-95%
	<b>Total Net Fixed Assets</b>	<b>\$236,248,000</b>	<b>\$230,710,000</b>	<b>(\$5,538,000)</b>	<b>-2%</b>
	<b>Total Assets</b>	<b>\$656,678,000</b>	<b>\$726,537,000</b>	<b>\$69,859,000</b>	<b>11%</b>



ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II.	<b><u>LIABILITIES AND NET ASSETS</u></b>				
A.	<b><u>Current Liabilities:</u></b>				
1	Accounts Payable and Accrued Expenses	\$31,652,000	\$34,319,000	\$2,667,000	8%
2	Salaries, Wages and Payroll Taxes	\$20,854,000	\$30,300,000	\$9,446,000	45%
3	Due To Third Party Payers	\$10,883,000	\$12,000,000	\$1,117,000	10%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,427,000	\$1,436,000	\$9,000	1%
6	Current Portion of Notes Payable	\$0	\$1,075,000	\$1,075,000	0%
7	Other Current Liabilities	\$459,000	\$461,000	\$2,000	0%
	<b>Total Current Liabilities</b>	<b>\$65,275,000</b>	<b>\$79,591,000</b>	<b>\$14,316,000</b>	<b>22%</b>
B.	<b><u>Long Term Debt:</u></b>				
1	Bonds Payable (Net of Current Portion)	\$57,659,000	\$57,226,000	(\$433,000)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$1,075,000	\$1,075,000	0%
	<b>Total Long Term Debt</b>	<b>\$57,659,000</b>	<b>\$58,301,000</b>	<b>\$642,000</b>	<b>1%</b>
3	Accrued Pension Liability	\$13,962,000	\$13,433,000	(\$529,000)	-4%
4	Other Long Term Liabilities	\$13,421,000	\$10,886,000	(\$2,535,000)	-19%
	<b>Total Long Term Liabilities</b>	<b>\$85,042,000</b>	<b>\$82,620,000</b>	<b>(\$2,422,000)</b>	<b>-3%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C.	<b><u>Net Assets:</u></b>				
1	Unrestricted Net Assets or Equity	\$482,267,000	\$537,187,000	\$54,920,000	11%
2	Temporarily Restricted Net Assets	\$13,250,000	\$15,159,000	\$1,909,000	14%
3	Permanently Restricted Net Assets	\$10,844,000	\$11,980,000	\$1,136,000	10%
	<b>Total Net Assets</b>	<b>\$506,361,000</b>	<b>\$564,326,000</b>	<b>\$57,965,000</b>	<b>11%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$656,678,000</b>	<b>\$726,537,000</b>	<b>\$69,859,000</b>	<b>11%</b>

ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,025,861,000	\$1,178,334,000	\$152,473,000	15%
2	Less: Allowances	\$616,487,000	\$720,908,000	\$104,421,000	17%
3	Less: Charity Care	\$9,026,000	\$15,330,000	\$6,304,000	70%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$400,348,000</b>	<b>\$442,096,000</b>	<b>\$41,748,000</b>	<b>10%</b>
5	Other Operating Revenue	\$37,202,000	\$42,644,000	\$5,442,000	15%
6	Net Assets Released from Restrictions	\$1,356,000	\$1,378,000	\$22,000	2%
	<b>Total Operating Revenue</b>	<b>\$438,906,000</b>	<b>\$486,118,000</b>	<b>\$47,212,000</b>	<b>11%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$182,920,000	\$199,782,000	\$16,862,000	9%
2	Fringe Benefits	\$48,538,000	\$25,038,000	(\$23,500,000)	-48%
3	Physicians Fees	\$3,205,000	\$5,114,000	\$1,909,000	60%
4	Supplies and Drugs	\$51,358,000	\$44,049,000	(\$7,309,000)	-14%
5	Depreciation and Amortization	\$24,213,000	\$24,176,000	(\$37,000)	0%
6	Bad Debts	\$33,993,000	\$29,355,000	(\$4,638,000)	-14%
7	Interest	\$2,776,000	\$2,149,000	(\$627,000)	-23%
8	Malpractice	\$5,102,000	\$5,465,000	\$363,000	7%
9	Other Operating Expenses	\$74,490,000	\$89,675,000	\$15,185,000	20%
	<b>Total Operating Expenses</b>	<b>\$426,595,000</b>	<b>\$424,803,000</b>	<b>(\$1,792,000)</b>	<b>0%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$12,311,000</b>	<b>\$61,315,000</b>	<b>\$49,004,000</b>	<b>398%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$11,660,000	\$26,921,000	\$15,261,000	131%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,229,000)	(\$1,356,000)	(\$127,000)	10%
	<b>Total Non-Operating Revenue</b>	<b>\$10,431,000</b>	<b>\$25,565,000</b>	<b>\$15,134,000</b>	<b>145%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$22,742,000</b>	<b>\$86,880,000</b>	<b>\$64,138,000</b>	<b>282%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$22,742,000</b>	<b>\$86,880,000</b>	<b>\$64,138,000</b>	<b>282%</b>

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$370,296,000	\$400,348,000	\$442,096,000
2	Other Operating Revenue	40,508,000	38,558,000	44,022,000
3	Total Operating Revenue	\$410,804,000	\$438,906,000	\$486,118,000
4	Total Operating Expenses	400,215,000	426,595,000	424,803,000
5	Income/(Loss) From Operations	\$10,589,000	\$12,311,000	\$61,315,000
6	Total Non-Operating Revenue	31,140,000	10,431,000	25,565,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$41,729,000	\$22,742,000	\$86,880,000
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	2.40%	2.74%	11.98%
2	Parent Corporation Non-Operating Margin	7.05%	2.32%	5.00%
3	Parent Corporation Total Margin	9.44%	5.06%	16.98%
4	Income/(Loss) From Operations	\$10,589,000	\$12,311,000	\$61,315,000
5	Total Operating Revenue	\$410,804,000	\$438,906,000	\$486,118,000
6	Total Non-Operating Revenue	\$31,140,000	\$10,431,000	\$25,565,000
7	Total Revenue	\$441,944,000	\$449,337,000	\$511,683,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$41,729,000	\$22,742,000	\$86,880,000
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$425,240,000	\$482,267,000	\$537,187,000
2	Parent Corporation Total Net Assets	\$454,622,000	\$506,361,000	\$564,326,000
3	Parent Corporation Change in Total Net Assets	\$43,337,000	\$51,739,000	\$57,965,000
4	Parent Corporation Change in Total Net Assets %	110.5%	11.4%	11.4%

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
<b>D. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>1.51</b>	<b>1.14</b>	<b>1.20</b>
2	Total Current Assets	\$89,264,000	\$74,312,000	\$95,163,000
3	Total Current Liabilities	\$59,158,000	\$65,275,000	\$79,591,000
<b>4</b>	<b>Days Cash on Hand</b>	<b>28</b>	<b>12</b>	<b>25</b>
5	Cash and Cash Equivalents	\$7,535,000	\$8,155,000	\$7,416,000
6	Short Term Investments	20,955,000	4,548,000	20,274,000
7	Total Cash and Short Term Investments	\$28,490,000	\$12,703,000	\$27,690,000
8	Total Operating Expenses	\$400,215,000	\$426,595,000	\$424,803,000
9	Depreciation Expense	\$23,481,000	\$24,213,000	\$24,176,000
10	Operating Expenses less Depreciation Expense	\$376,734,000	\$402,382,000	\$400,627,000
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>33</b>	<b>33</b>	<b>35</b>
12	Net Patient Accounts Receivable	\$ 45,741,000	\$ 47,626,000	\$ 54,446,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$12,291,000	\$10,883,000	\$12,000,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 33,450,000	\$ 36,743,000	\$ 42,446,000
16	Total Net Patient Revenue	\$370,296,000	\$400,348,000	\$442,096,000
<b>17</b>	<b>Average Payment Period</b>	<b>57</b>	<b>59</b>	<b>73</b>
18	Total Current Liabilities	\$59,158,000	\$65,275,000	\$79,591,000
19	Total Operating Expenses	\$400,215,000	\$426,595,000	\$424,803,000
20	Depreciation Expense	\$23,481,000	\$24,213,000	\$24,176,000
21	Total Operating Expenses less Depreciation Expense	\$376,734,000	\$402,382,000	\$400,627,000

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	70.4	77.1	77.7
2	Total Net Assets	\$454,622,000	\$506,361,000	\$564,326,000
3	Total Assets	\$645,430,000	\$656,678,000	\$726,537,000
4	<u>Cash Flow to Total Debt Ratio</u>	47.5	38.2	80.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$41,729,000	\$22,742,000	\$86,880,000
6	Depreciation Expense	\$23,481,000	\$24,213,000	\$24,176,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$65,210,000	\$46,955,000	\$111,056,000
8	Total Current Liabilities	\$59,158,000	\$65,275,000	\$79,591,000
9	Total Long Term Debt	\$78,227,000	\$57,659,000	\$58,301,000
10	Total Current Liabilities and Total Long Term Debt	\$137,385,000	\$122,934,000	\$137,892,000
11	<u>Long Term Debt to Capitalization Ratio</u>	14.7	10.2	9.4
12	Total Long Term Debt	\$78,227,000	\$57,659,000	\$58,301,000
13	Total Net Assets	\$454,622,000	\$506,361,000	\$564,326,000
14	Total Long Term Debt and Total Net Assets	\$532,849,000	\$564,020,000	\$622,627,000

SAINT VINCENT'S MEDICAL CENTER								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2012								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	78,941	16,665	14,962	275	275	78.6%	78.6%
2	ICU/CCU (Excludes Neonatal ICU)	6,964	318	0	30	30	63.6%	63.6%
3	Psychiatric: Ages 0 to 17	4,837	427	426	17	17	78.0%	78.0%
4	Psychiatric: Ages 18+	23,188	2,466	2,486	75	75	84.7%	84.7%
	<b>TOTAL PSYCHIATRIC</b>	<b>28,025</b>	<b>2,893</b>	<b>2,912</b>	<b>92</b>	<b>92</b>	<b>83.5%</b>	<b>83.5%</b>
5	Rehabilitation	2,712	203	204	10	10	74.3%	74.3%
6	Maternity	2,947	1,097	1,046	22	22	36.7%	36.7%
7	Newborn	3,289	1,054	1,049	27	27	33.4%	33.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>119,589</b>	<b>20,858</b>	<b>19,124</b>	<b>429</b>	<b>429</b>	<b>76.4%</b>	<b>76.4%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>122,878</b>	<b>21,912</b>	<b>20,173</b>	<b>456</b>	<b>456</b>	<b>73.8%</b>	<b>73.8%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>122,878</b>	<b>21,912</b>	<b>20,173</b>	<b>456</b>	<b>456</b>	<b>73.8%</b>	<b>73.8%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>122,440</b>	<b>22,100</b>	<b>20,524</b>	<b>423</b>	<b>423</b>	<b>79.3%</b>	<b>79.3%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>438</b>	<b>-188</b>	<b>-351</b>	<b>33</b>	<b>33</b>	<b>-5.5%</b>	<b>-5.5%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>0%</b>	<b>-1%</b>	<b>-2%</b>	<b>8%</b>	<b>8%</b>	<b>-7%</b>	<b>-7%</b>
	Total Licensed Beds and Bassinets	520						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A.</b>	<b>CT Scans (A)</b>				
1	Inpatient Scans	6,774	6,017	-757	-11%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,013	2,359	346	17%
3	Emergency Department Scans	7,571	6,555	-1,016	-13%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>16,358</b>	<b>14,931</b>	<b>-1,427</b>	<b>-9%</b>
<b>B.</b>	<b>MRI Scans (A)</b>				
1	Inpatient Scans	1,271	1,378	107	8%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,657	1,834	177	11%
3	Emergency Department Scans	137	196	59	43%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>3,065</b>	<b>3,408</b>	<b>343</b>	<b>11%</b>
<b>C.</b>	<b>PET Scans (A)</b>				
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D.</b>	<b>PET/CT Scans (A)</b>				
1	Inpatient Scans	77	76	-1	-1%
2	Outpatient Scans (Excluding Emergency Department Scans)	461	562	101	22%
3	Emergency Department Scans	0	2	2	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>538</b>	<b>640</b>	<b>102</b>	<b>19%</b>
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
<b>E.</b>	<b>Linear Accelerator Procedures</b>				
1	Inpatient Procedures	816	1,241	425	52%
2	Outpatient Procedures	18,326	18,552	226	1%
	<b>Total Linear Accelerator Procedures</b>	<b>19,142</b>	<b>19,793</b>	<b>651</b>	<b>3%</b>
<b>F.</b>	<b>Cardiac Catheterization Procedures</b>				
1	Inpatient Procedures	983	997	14	1%
2	Outpatient Procedures	801	933	132	16%
	<b>Total Cardiac Catheterization Procedures</b>	<b>1,784</b>	<b>1,930</b>	<b>146</b>	<b>8%</b>
<b>G.</b>	<b>Cardiac Angioplasty Procedures</b>				
1	Primary Procedures	227	271	44	19%
2	Elective Procedures	640	645	5	1%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>867</b>	<b>916</b>	<b>49</b>	<b>6%</b>
<b>H.</b>	<b>Electrophysiology Studies</b>				
1	Inpatient Studies	647	532	-115	-18%
2	Outpatient Studies	361	477	116	32%
	<b>Total Electrophysiology Studies</b>	<b>1,008</b>	<b>1,009</b>	<b>1</b>	<b>0%</b>
<b>I.</b>	<b>Surgical Procedures</b>				
1	Inpatient Surgical Procedures	5,257	4,990	-267	-5%
2	Outpatient Surgical Procedures	6,324	6,542	218	3%
	<b>Total Surgical Procedures</b>	<b>11,581</b>	<b>11,532</b>	<b>-49</b>	<b>0%</b>
<b>J.</b>	<b>Endoscopy Procedures</b>				

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	2,063	1,882	-181	-9%
2	Outpatient Endoscopy Procedures	4,590	4,592	2	0%
	<b>Total Endoscopy Procedures</b>	<b>6,653</b>	<b>6,474</b>	<b>-179</b>	<b>-3%</b>
<b>K.</b>	<b><u>Hospital Emergency Room Visits</u></b>				
1	Emergency Room Visits: Treated and Admitted	15,163	15,374	211	1%
2	Emergency Room Visits: Treated and Discharged	60,360	64,398	4,038	7%
	<b>Total Emergency Room Visits</b>	<b>75,523</b>	<b>79,772</b>	<b>4,249</b>	<b>6%</b>
<b>L.</b>	<b><u>Hospital Clinic Visits</u></b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	21,483	19,168	-2,315	-11%
4	Medical Clinic Visits	53,932	58,030	4,098	8%
5	Specialty Clinic Visits	14,819	16,221	1,402	9%
	<b>Total Hospital Clinic Visits</b>	<b>90,234</b>	<b>93,419</b>	<b>3,185</b>	<b>4%</b>
<b>M.</b>	<b><u>Other Hospital Outpatient Visits</u></b>				
1	Rehabilitation (PT/OT/ST)	2,188	2,540	352	16%
2	Cardiology	966	1,030	64	7%
3	Chemotherapy	1,213	1,437	224	18%
4	Gastroenterology	3,225	3,253	28	1%
5	Other Outpatient Visits	94,646	105,830	11,184	12%
	<b>Total Other Hospital Outpatient Visits</b>	<b>102,238</b>	<b>114,090</b>	<b>11,852</b>	<b>12%</b>
<b>N.</b>	<b><u>Hospital Full Time Equivalent Employees</u></b>				
1	Total Nursing FTEs	783.7	790.3	6.6	1%
2	Total Physician FTEs	77.1	74.5	-2.6	-3%
3	Total Non-Nursing and Non-Physician FTEs	1,186.4	1,213.4	27.0	2%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>2,047.2</b>	<b>2,078.2</b>	<b>31.0</b>	<b>2%</b>



SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>A.</b>	<b><u>Outpatient Surgical Procedures</u></b>				
1	St. Vincents Medical Center	6,324	6,542	218	3%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>6,324</b>	<b>6,542</b>	<b>218</b>	<b>3%</b>
<b>B.</b>	<b><u>Outpatient Endoscopy Procedures</u></b>				
1	St. Vincents Medical Center	4,590	4,592	2	0%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>4,590</b>	<b>4,592</b>	<b>2</b>	<b>0%</b>
<b>C.</b>	<b><u>Outpatient Hospital Emergency Room Visits</u></b>				
1	St. Vincents Medical Center	60,360	64,398	4,038	7%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>60,360</b>	<b>64,398</b>	<b>4,038</b>	<b>7%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>I.</b>	<b><u>DATA BY MAJOR PAYER CATEGORY</u></b>				
<b>A.</b>	<b><u>MEDICARE</u></b>				
	<b><u>MEDICARE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$377,212,835	\$403,033,442	\$25,820,607	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$124,807,371	\$129,068,775	\$4,261,404	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.09%	32.02%	-1.06%	-3%
4	DISCHARGES	10,164	10,153	(11)	0%
5	CASE MIX INDEX (CMI)	1.49710	1.45850	(0.03860)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	15,216.52440	14,808.15050	(408.37390)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,202.09	\$8,716.06	\$513.97	6%
8	PATIENT DAYS	63,673	63,580	(93)	0%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,960.13	\$2,030.02	\$69.89	4%
10	AVERAGE LENGTH OF STAY	6.3	6.3	(0.0)	0%
	<b><u>MEDICARE OUTPATIENT</u></b>				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$104,518,803	\$120,549,282	\$16,030,479	15%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$26,749,805	\$33,001,817	\$6,252,012	23%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.59%	27.38%	1.78%	7%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	27.71%	29.91%	2.20%	8%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,816.25919	3,036.81217	220.55298	8%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,498.35	\$10,867.26	\$1,368.91	14%
	<b><u>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
17	TOTAL ACCRUED CHARGES	\$481,731,638	\$523,582,724	\$41,851,086	9%
18	TOTAL ACCRUED PAYMENTS	\$151,557,176	\$162,070,592	\$10,513,416	7%
19	TOTAL ALLOWANCES	\$330,174,462	\$361,512,132	\$31,337,670	9%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>B.</b>	<b><u>NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</u></b>				
	<b><u>NON-GOVERNMENT INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$191,782,320	\$194,188,726	\$2,406,406	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$91,846,878	\$96,252,887	\$4,406,009	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	47.89%	49.57%	1.68%	3%
4	DISCHARGES	7,399	6,919	(480)	-6%
5	CASE MIX INDEX (CMI)	1.23690	1.24030	0.00340	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,151.82310	8,581.63570	(570.18740)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,035.91	\$11,216.15	\$1,180.24	12%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,833.82)	(\$2,500.08)	(\$666.27)	36%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$16,782,760)	(\$21,454,808)	(\$4,672,048)	28%
10	PATIENT DAYS	32,049	31,681	(368)	-1%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,865.83	\$3,038.19	\$172.36	6%
12	AVERAGE LENGTH OF STAY	4.3	4.6	0.2	6%
	<b><u>NON-GOVERNMENT OUTPATIENT</u></b>				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$148,231,500	\$178,660,081	\$30,428,581	21%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$63,664,761	\$81,614,606	\$17,949,845	28%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.95%	45.68%	2.73%	6%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	77.29%	92.00%	14.71%	19%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,718.80071	6,365.70993	646.90921	11%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,132.54	\$12,820.97	\$1,688.44	15%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$1,634.19)	(\$1,953.72)	(\$319.53)	20%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$9,345,612)	(\$12,436,803)	(\$3,091,191)	33%
	<b><u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u></b>				
21	TOTAL ACCRUED CHARGES	\$340,013,820	\$372,848,807	\$32,834,987	10%
22	TOTAL ACCRUED PAYMENTS	\$155,511,639	\$177,867,493	\$22,355,854	14%
23	TOTAL ALLOWANCES	\$184,502,181	\$194,981,314	\$10,479,133	6%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$26,128,372)	(\$33,891,611)	(\$7,763,239)	30%
	<b><u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u></b>				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$321,561,592	\$351,375,285	\$29,813,693	9%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$190,427,843	\$204,854,864	\$14,427,021	8%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$131,133,749	\$146,520,421	\$15,386,672	12%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	40.78%	41.70%	0.92%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>C.</b>	<b>UNINSURED</b>				
	<b>UNINSURED INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$19,174,537	\$22,641,056	\$3,466,519	18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$856,333	\$580,976	(\$275,357)	-32%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	4.47%	2.57%	-1.90%	-43%
4	DISCHARGES	991	950	(41)	-4%
5	CASE MIX INDEX (CMI)	1.02600	1.05670	0.03070	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,016.76600	1,003.86500	(12.90100)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$842.21	\$578.74	(\$263.47)	-31%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,193.70	\$10,637.41	\$1,443.71	16%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,359.88	\$8,137.32	\$777.44	11%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,483,278	\$8,168,775	\$685,497	9%
11	PATIENT DAYS	4,531	4,631	100	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$188.99	\$125.45	(\$63.54)	-34%
13	AVERAGE LENGTH OF STAY	4.6	4.9	0.3	7%
	<b>UNINSURED OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$25,074,092	\$31,706,504	\$6,632,412	26%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,803,958	\$1,876,106	\$72,148	4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	7.19%	5.92%	-1.28%	-18%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	130.77%	140.04%	9.27%	7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,295.90744	1,330.37871	34.47127	3%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,392.04	\$1,410.20	\$18.16	1%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$9,740.49	\$11,410.77	\$1,670.28	17%
21	MEDICARE - UNINSURED OP PMT / OPED	\$8,106.30	\$9,457.05	\$1,350.75	17%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,505,020	\$12,581,461	\$2,076,441	20%
	<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$44,248,629	\$54,347,560	\$10,098,931	23%
24	TOTAL ACCRUED PAYMENTS	\$2,660,291	\$2,457,082	(\$203,209)	-8%
25	TOTAL ALLOWANCES	\$41,588,338	\$51,890,478	\$10,302,140	25%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$17,988,297	\$20,750,235	\$2,761,938	15%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>D.</b>	<b><u>STATE OF CONNECTICUT MEDICAID</u></b>				
	<b><u>MEDICAID INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$113,630,882	\$130,452,578	\$16,821,696	15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$25,234,223	\$28,470,717	\$3,236,494	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.21%	21.82%	-0.38%	-2%
4	DISCHARGES	4,488	4,773	285	6%
5	CASE MIX INDEX (CMI)	0.99540	1.05100	0.05560	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,467.35520	5,016.42300	549.06780	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,648.58	\$5,675.50	\$26.92	0%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,387.33	\$5,540.65	\$1,153.32	26%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,553.51	\$3,040.56	\$487.05	19%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,407,446	\$15,252,743	\$3,845,296	34%
11	PATIENT DAYS	26,478	27,276	798	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$953.03	\$1,043.80	\$90.78	10%
13	AVERAGE LENGTH OF STAY	5.9	5.7	(0.2)	-3%
	<b><u>MEDICAID OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$66,478,356	\$86,636,594	\$20,158,238	30%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$18,046,336	\$21,615,281	\$3,568,945	20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.15%	24.95%	-2.20%	-8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	58.50%	66.41%	7.91%	14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,625.64944	3,169.86042	544.21098	21%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,873.09	\$6,819.00	(\$54.09)	-1%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,259.44	\$6,001.97	\$1,742.53	41%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,625.25	\$4,048.26	\$1,423.00	54%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,892,992	\$12,832,405	\$5,939,414	86%
	<b><u>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$180,109,238	\$217,089,172	\$36,979,934	21%
24	TOTAL ACCRUED PAYMENTS	\$43,280,559	\$50,085,998	\$6,805,439	16%
25	TOTAL ALLOWANCES	\$136,828,679	\$167,003,174	\$30,174,495	22%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,300,438	\$28,085,148	\$9,784,710	53%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b><u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u></b>				
	<b><u>OTHER MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$1,096,495	\$1,046,714	(\$49,781)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$535,027	\$447,584	(\$87,443)	-16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	48.79%	42.76%	-6.03%	-12%
4	DISCHARGES	28	38	10	36%
5	CASE MIX INDEX (CMI)	1.04490	1.01580	(0.02910)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	29.25720	38.60040	9.34320	32%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$18,287.02	\$11,595.32	(\$6,691.70)	-37%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	(\$8,251.11)	(\$379.17)	\$7,871.94	-95%
9	MEDICARE - O.M.A. IP PMT / CMAD	(\$10,084.93)	(\$2,879.26)	\$7,205.67	-71%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$295,057)	(\$111,140)	\$183,916	-62%
11	PATIENT DAYS	184	244	60	33%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,907.76	\$1,834.36	(\$1,073.39)	-37%
13	AVERAGE LENGTH OF STAY	6.6	6.4	(0.2)	-2%
	<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$510,375	\$676,806	\$166,431	33%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$196,253	\$130,183	(\$66,070)	-34%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.45%	19.23%	-19.22%	-50%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	46.55%	64.66%	18.11%	39%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	13.03289	24.57083	11.53794	89%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$15,058.29	\$5,298.28	(\$9,760.01)	-65%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	(\$3,925.75)	\$7,522.70	\$11,448.45	-292%
21	MEDICARE - O.M.A. OP PMT / CMAD	(\$5,559.94)	\$5,568.98	\$11,128.92	-200%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$72,462)	\$136,834	\$209,297	-289%
	<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$1,606,870	\$1,723,520	\$116,650	7%
24	TOTAL ACCRUED PAYMENTS	\$731,280	\$577,767	(\$153,513)	-21%
25	TOTAL ALLOWANCES	\$875,590	\$1,145,753	\$270,163	31%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	(\$367,519)	\$25,694	\$393,213	-107%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>F.</b>	<b><u>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</u></b>				
	<b><u>TOTAL MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$114,727,377	\$131,499,292	\$16,771,915	15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$25,769,250	\$28,918,301	\$3,149,051	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.46%	21.99%	-0.47%	-2%
4	DISCHARGES	4,516	4,811	295	7%
5	CASE MIX INDEX (CMI)	0.99571	1.05072	0.05502	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,496.61240	5,055.02340	558.41100	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,730.81	\$5,720.71	(\$10.11)	0%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,305.10	\$5,495.44	\$1,190.34	28%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,471.28	\$2,995.36	\$524.08	21%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,112,390	\$15,141,602	\$4,029,212	36%
11	PATIENT DAYS	26,662	27,520	858	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$966.52	\$1,050.81	\$84.29	9%
13	AVERAGE LENGTH OF STAY	5.9	5.7	(0.2)	-3%
	<b><u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$66,988,731	\$87,313,400	\$20,324,669	30%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$18,242,589	\$21,745,464	\$3,502,875	19%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.23%	24.91%	-2.33%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	58.39%	66.40%	8.01%	14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,638.68233	3,194.43124	555.74891	21%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,913.52	\$6,807.30	(\$106.22)	-2%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,219.01	\$6,013.67	\$1,794.66	43%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,584.82	\$4,059.95	\$1,475.13	57%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,820,529	\$12,969,240	\$6,148,710	90%
	<b><u>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$181,716,108	\$218,812,692	\$37,096,584	20%
24	TOTAL ACCRUED PAYMENTS	\$44,011,839	\$50,663,765	\$6,651,926	15%
25	TOTAL ALLOWANCES	\$137,704,269	\$168,148,927	\$30,444,658	22%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>G.</b>	<b>CHAMPUS / TRICARE</b>				
	<b>CHAMPUS / TRICARE INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$421,973	\$414,508	(\$7,465)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$154,404	\$176,111	\$21,707	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.59%	42.49%	5.90%	16%
4	DISCHARGES	21	29	8	38%
5	CASE MIX INDEX (CMI)	1.38360	0.74760	(0.63600)	-46%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	29.05560	21.68040	(7.37520)	-25%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,314.09	\$8,123.05	\$2,808.96	53%
8	PATIENT DAYS	56	97	41	73%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,757.21	\$1,815.58	(\$941.64)	-34%
10	AVERAGE LENGTH OF STAY	2.7	3.3	0.7	25%
	<b>CHAMPUS / TRICARE OUTPATIENT</b>				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$349,831	\$527,215	\$177,384	51%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$92,111	\$167,724	\$75,613	82%
	<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>				
13	TOTAL ACCRUED CHARGES	\$771,804	\$941,723	\$169,919	22%
14	TOTAL ACCRUED PAYMENTS	\$246,515	\$343,835	\$97,320	39%
15	TOTAL ALLOWANCES	\$525,289	\$597,888	\$72,599	14%
<b>H.</b>	<b>OTHER DATA</b>				
1	OTHER OPERATING REVENUE	\$7,720,000	\$12,640,000	\$4,920,000	64%
2	TOTAL OPERATING EXPENSES	\$382,310,000	\$373,601,000	(\$8,709,000)	-2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>				
4	CHARITY CARE (CHARGES)	\$9,025,000	\$15,330,000	\$6,305,000	70%
5	BAD DEBTS (CHARGES)	\$32,811,000	\$27,411,000	(\$5,400,000)	-16%
6	UNCOMPENSATED CARE (CHARGES)	\$41,836,000	\$42,741,000	\$905,000	2%
7	COST OF UNCOMPENSATED CARE	\$14,635,311	\$14,677,503	\$42,192	0%
	<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>				
8	TOTAL ACCRUED CHARGES	\$181,716,108	\$218,812,692	\$37,096,584	20%
9	TOTAL ACCRUED PAYMENTS	\$44,011,839	\$50,663,765	\$6,651,926	15%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$63,568,978	\$75,141,527	\$11,572,549	18%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$19,557,139	\$24,477,762	\$4,920,623	25%



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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>II.</b>	<b><u>AGGREGATE DATA</u></b>				
<b>A.</b>	<b><u>TOTALS - ALL PAYERS</u></b>				
1	TOTAL INPATIENT CHARGES	\$684,144,505	\$729,135,968	\$44,991,463	7%
2	TOTAL INPATIENT PAYMENTS	\$242,577,903	\$254,416,074	\$11,838,171	5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	35.46%	34.89%	-0.56%	-2%
4	TOTAL DISCHARGES	22,100	21,912	(188)	-1%
5	TOTAL CASE MIX INDEX	1.30742	1.29913	(0.00829)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	28,894.01550	28,466.49000	(427.52550)	-1%
7	TOTAL OUTPATIENT CHARGES	\$320,088,865	\$387,049,978	\$66,961,113	21%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	46.79%	53.08%	6.30%	13%
9	TOTAL OUTPATIENT PAYMENTS	\$108,749,266	\$136,529,611	\$27,780,345	26%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.97%	35.27%	1.30%	4%
11	TOTAL CHARGES	\$1,004,233,370	\$1,116,185,946	\$111,952,576	11%
12	TOTAL PAYMENTS	\$351,327,169	\$390,945,685	\$39,618,516	11%
13	TOTAL PAYMENTS / TOTAL CHARGES	34.98%	35.03%	0.04%	0%
14	PATIENT DAYS	122,440	122,878	438	0%
<b>B.</b>	<b><u>TOTALS - ALL GOVERNMENT PAYERS</u></b>				
1	INPATIENT CHARGES	\$492,362,185	\$534,947,242	\$42,585,057	9%
2	INPATIENT PAYMENTS	\$150,731,025	\$158,163,187	\$7,432,162	5%
3	GOVT. INPATIENT PAYMENTS / CHARGES	30.61%	29.57%	-1.05%	-3%
4	DISCHARGES	14,701	14,993	292	2%
5	CASE MIX INDEX	1.34291	1.32628	(0.01664)	-1%
6	CASE MIX ADJUSTED DISCHARGES	19,742.19240	19,884.85430	142.66190	1%
7	OUTPATIENT CHARGES	\$171,857,365	\$208,389,897	\$36,532,532	21%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	34.90%	38.96%	4.05%	12%
9	OUTPATIENT PAYMENTS	\$45,084,505	\$54,915,005	\$9,830,500	22%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.23%	26.35%	0.12%	0%
11	TOTAL CHARGES	\$664,219,550	\$743,337,139	\$79,117,589	12%
12	TOTAL PAYMENTS	\$195,815,530	\$213,078,192	\$17,262,662	9%
13	TOTAL PAYMENTS / CHARGES	29.48%	28.67%	-0.82%	-3%
14	PATIENT DAYS	90,391	91,197	806	1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$468,404,020	\$530,258,947	\$61,854,927	13%
<b>C.</b>	<b><u>AVERAGE LENGTH OF STAY</u></b>				
1	MEDICARE	6.3	6.3	(0.0)	0%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.3	4.6	0.2	6%
3	UNINSURED	4.6	4.9	0.3	7%
4	MEDICAID	5.9	5.7	(0.2)	-3%
5	OTHER MEDICAL ASSISTANCE	6.6	6.4	(0.2)	-2%
6	CHAMPUS / TRICARE	2.7	3.3	0.7	25%
7	TOTAL AVERAGE LENGTH OF STAY	5.5	5.6	0.1	1%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>III.</b>	<b><u>DATA USED IN BASELINE UNDERPAYMENT CALCULATION</u></b>				
1	TOTAL CHARGES	\$1,004,233,370	\$1,116,185,946	\$111,952,576	11%
2	TOTAL GOVERNMENT DEDUCTIONS	\$468,404,020	\$530,258,947	\$61,854,927	13%
3	UNCOMPENSATED CARE	\$41,836,000	\$42,741,000	\$905,000	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$131,133,749	\$146,520,421	\$15,386,672	12%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$11,552,884	\$13,360,954	\$1,808,070	16%
6	TOTAL ADJUSTMENTS	\$652,926,653	\$732,881,322	\$79,954,669	12%
7	TOTAL ACCRUED PAYMENTS	\$351,306,717	\$383,304,624	\$31,997,907	9%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMTS.	\$351,306,717	\$383,304,624	\$31,997,907	9%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3498257751	0.3434057071	(0.0064200680)	-2%
11	COST OF UNCOMPENSATED CARE	\$14,635,311	\$14,677,503	\$42,192	0%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$19,557,139	\$24,477,762	\$4,920,623	25%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$34,192,450	\$39,155,266	\$4,962,815	15%
<b>IV.</b>	<b><u>CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</u></b>				
1	MEDICAID	\$6,892,992	\$12,832,405	\$5,939,414	86%
2	OTHER MEDICAL ASSISTANCE	(\$367,519)	\$25,694	\$393,213	-107%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$17,988,297	\$20,750,235	\$2,761,938	15%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$24,513,770	\$33,608,335	\$9,094,565	37%
<b>V.</b>	<b><u>DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</u></b>				
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,452,227	\$21,473,522	\$3,021,295	16.37%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$37,747,172	\$33,619,490	(\$4,127,682)	-10.94%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$389,074,000	\$424,565,000	\$35,491,000	9.12%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$1,004,233,000	\$1,116,186,000	\$111,953,000	11.15%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$41,836,165	\$42,741,000	\$904,835	2.16%

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>I.</b>	<b>ACCRUED CHARGES AND PAYMENTS</b>			
<b>A.</b>	<b>INPATIENT ACCRUED CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$191,782,320	\$194,188,726	\$2,406,406
2	MEDICARE	\$377,212,835	403,033,442	\$25,820,607
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$114,727,377	131,499,292	\$16,771,915
4	MEDICAID	\$113,630,882	130,452,578	\$16,821,696
5	OTHER MEDICAL ASSISTANCE	\$1,096,495	1,046,714	(\$49,781)
6	CHAMPUS / TRICARE	\$421,973	414,508	(\$7,465)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$19,174,537	22,641,056	\$3,466,519
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$492,362,185</b>	<b>\$534,947,242</b>	<b>\$42,585,057</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$684,144,505</b>	<b>\$729,135,968</b>	<b>\$44,991,463</b>
<b>B.</b>	<b>OUTPATIENT ACCRUED CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$148,231,500	\$178,660,081	\$30,428,581
2	MEDICARE	\$104,518,803	120,549,282	\$16,030,479
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$66,988,731	87,313,400	\$20,324,669
4	MEDICAID	\$66,478,356	86,636,594	\$20,158,238
5	OTHER MEDICAL ASSISTANCE	\$510,375	676,806	\$166,431
6	CHAMPUS / TRICARE	\$349,831	527,215	\$177,384
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$25,074,092	31,706,504	\$6,632,412
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$171,857,365</b>	<b>\$208,389,897</b>	<b>\$36,532,532</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$320,088,865</b>	<b>\$387,049,978</b>	<b>\$66,961,113</b>
<b>C.</b>	<b>TOTAL ACCRUED CHARGES</b>			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$340,013,820	\$372,848,807	\$32,834,987
2	TOTAL MEDICARE	\$481,731,638	\$523,582,724	\$41,851,086
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$181,716,108	\$218,812,692	\$37,096,584
4	TOTAL MEDICAID	\$180,109,238	\$217,089,172	\$36,979,934
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,606,870	\$1,723,520	\$116,650
6	TOTAL CHAMPUS / TRICARE	\$771,804	\$941,723	\$169,919
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$44,248,629	\$54,347,560	\$10,098,931
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$664,219,550</b>	<b>\$743,337,139</b>	<b>\$79,117,589</b>
	<b>TOTAL CHARGES</b>	<b>\$1,004,233,370</b>	<b>\$1,116,185,946</b>	<b>\$111,952,576</b>
<b>D.</b>	<b>INPATIENT ACCRUED PAYMENTS</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,846,878	\$96,252,887	\$4,406,009
2	MEDICARE	\$124,807,371	129,068,775	\$4,261,404
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$25,769,250	28,918,301	\$3,149,051
4	MEDICAID	\$25,234,223	28,470,717	\$3,236,494
5	OTHER MEDICAL ASSISTANCE	\$535,027	447,584	(\$87,443)
6	CHAMPUS / TRICARE	\$154,404	176,111	\$21,707
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$856,333	580,976	(\$275,357)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$150,731,025</b>	<b>\$158,163,187</b>	<b>\$7,432,162</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$242,577,903</b>	<b>\$254,416,074</b>	<b>\$11,838,171</b>
<b>E.</b>	<b>OUTPATIENT ACCRUED PAYMENTS</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$63,664,761	\$81,614,606	\$17,949,845
2	MEDICARE	\$26,749,805	33,001,817	\$6,252,012
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,242,589	21,745,464	\$3,502,875
4	MEDICAID	\$18,046,336	21,615,281	\$3,568,945
5	OTHER MEDICAL ASSISTANCE	\$196,253	130,183	(\$66,070)
6	CHAMPUS / TRICARE	\$92,111	167,724	\$75,613
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,803,958	1,876,106	\$72,148
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$45,084,505</b>	<b>\$54,915,005</b>	<b>\$9,830,500</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$108,749,266</b>	<b>\$136,529,611</b>	<b>\$27,780,345</b>
<b>F.</b>	<b>TOTAL ACCRUED PAYMENTS</b>			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$155,511,639	\$177,867,493	\$22,355,854
2	TOTAL MEDICARE	\$151,557,176	\$162,070,592	\$10,513,416
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$44,011,839	\$50,663,765	\$6,651,926
4	TOTAL MEDICAID	\$43,280,559	\$50,085,998	\$6,805,439
5	TOTAL OTHER MEDICAL ASSISTANCE	\$731,280	\$577,767	(\$153,513)
6	TOTAL CHAMPUS / TRICARE	\$246,515	\$343,835	\$97,320
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,660,291	\$2,457,082	(\$203,209)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$195,815,530</b>	<b>\$213,078,192</b>	<b>\$17,262,662</b>
	<b>TOTAL PAYMENTS</b>	<b>\$351,327,169</b>	<b>\$390,945,685</b>	<b>\$39,618,516</b>

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>II.</b>	<b><u>PAYER MIX</u></b>			
<b>A.</b>	<b><u>INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</u></b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.10%	17.40%	-1.70%
2	MEDICARE	37.56%	36.11%	-1.45%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.42%	11.78%	0.36%
4	MEDICAID	11.32%	11.69%	0.37%
5	OTHER MEDICAL ASSISTANCE	0.11%	0.09%	-0.02%
6	CHAMPUS / TRICARE	0.04%	0.04%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.91%	2.03%	0.12%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>49.03%</b>	<b>47.93%</b>	<b>-1.10%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>68.13%</b>	<b>65.32%</b>	<b>-2.80%</b>
<b>B.</b>	<b><u>OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</u></b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.76%	16.01%	1.25%
2	MEDICARE	10.41%	10.80%	0.39%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.67%	7.82%	1.15%
4	MEDICAID	6.62%	7.76%	1.14%
5	OTHER MEDICAL ASSISTANCE	0.05%	0.06%	0.01%
6	CHAMPUS / TRICARE	0.03%	0.05%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.50%	2.84%	0.34%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>17.11%</b>	<b>18.67%</b>	<b>1.56%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>31.87%</b>	<b>34.68%</b>	<b>2.80%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C.</b>	<b><u>INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</u></b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.14%	24.62%	-1.52%
2	MEDICARE	35.52%	33.01%	-2.51%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.33%	7.40%	0.06%
4	MEDICAID	7.18%	7.28%	0.10%
5	OTHER MEDICAL ASSISTANCE	0.15%	0.11%	-0.04%
6	CHAMPUS / TRICARE	0.04%	0.05%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.24%	0.15%	-0.10%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>42.90%</b>	<b>40.46%</b>	<b>-2.45%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>69.05%</b>	<b>65.08%</b>	<b>-3.97%</b>
<b>D.</b>	<b><u>OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</u></b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.12%	20.88%	2.75%
2	MEDICARE	7.61%	8.44%	0.83%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.19%	5.56%	0.37%
4	MEDICAID	5.14%	5.53%	0.39%
5	OTHER MEDICAL ASSISTANCE	0.06%	0.03%	-0.02%
6	CHAMPUS / TRICARE	0.03%	0.04%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.51%	0.48%	-0.03%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>12.83%</b>	<b>14.05%</b>	<b>1.21%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>30.95%</b>	<b>34.92%</b>	<b>3.97%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,399	6,919	(480)
2	MEDICARE	10,164	10,153	(11)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,516	4,811	295
4	MEDICAID	4,488	4,773	285
5	OTHER MEDICAL ASSISTANCE	28	38	10
6	CHAMPUS / TRICARE	21	29	8
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	991	950	(41)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>14,701</b>	<b>14,993</b>	<b>292</b>
	<b>TOTAL DISCHARGES</b>	<b>22,100</b>	<b>21,912</b>	<b>(188)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32,049	31,681	(368)
2	MEDICARE	63,673	63,580	(93)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26,662	27,520	858
4	MEDICAID	26,478	27,276	798
5	OTHER MEDICAL ASSISTANCE	184	244	60
6	CHAMPUS / TRICARE	56	97	41
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,531	4,631	100
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>90,391</b>	<b>91,197</b>	<b>806</b>
	<b>TOTAL PATIENT DAYS</b>	<b>122,440</b>	<b>122,878</b>	<b>438</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.3	4.6	0.2
2	MEDICARE	6.3	6.3	(0.0)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.9	5.7	(0.2)
4	MEDICAID	5.9	5.7	(0.2)
5	OTHER MEDICAL ASSISTANCE	6.6	6.4	(0.2)
6	CHAMPUS / TRICARE	2.7	3.3	0.7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.6	4.9	0.3
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>6.1</b>	<b>6.1</b>	<b>(0.1)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>5.5</b>	<b>5.6</b>	<b>0.1</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.23690	1.24030	0.00340
2	MEDICARE	1.49710	1.45850	(0.03860)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.99571	1.05072	0.05502
4	MEDICAID	0.99540	1.05100	0.05560
5	OTHER MEDICAL ASSISTANCE	1.04490	1.01580	(0.02910)
6	CHAMPUS / TRICARE	1.38360	0.74760	(0.63600)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.02600	1.05670	0.03070
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.34291</b>	<b>1.32628</b>	<b>(0.01664)</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.30742</b>	<b>1.29913</b>	<b>(0.00829)</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$321,561,592	\$351,375,285	\$29,813,693
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$190,427,843	\$204,854,864	\$14,427,021
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$131,133,749	\$146,520,421	\$15,386,672
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	40.78%	41.70%	0.92%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,452,227	\$21,473,522	\$3,021,295
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$11,552,884	\$13,360,954	\$1,808,070
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$9,025,000	\$15,330,000	\$6,305,000
9	BAD DEBTS	\$32,811,000	\$27,411,000	(\$5,400,000)
10	TOTAL UNCOMPENSATED CARE	\$41,836,000	\$42,741,000	\$905,000
11	TOTAL OTHER OPERATING REVENUE	\$321,561,592	\$351,375,285	\$29,813,693
12	TOTAL OPERATING EXPENSES	\$382,310,000	\$373,601,000	(\$8,709,000)

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>IV.</b>	<b>DSH UPPER PAYMENT LIMIT CALCULATIONS</b>			
<b>A.</b>	<b>CASE MIX ADJUSTED DISCHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,151.82310	8,581.63570	(570.18740)
2	MEDICARE	15,216.52440	14,808.15050	(408.37390)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,496.61240	5,055.02340	558.41100
4	MEDICAID	4,467.35520	5,016.42300	549.06780
5	OTHER MEDICAL ASSISTANCE	29.25720	38.60040	9.34320
6	CHAMPUS / TRICARE	29.05560	21.68040	(7.37520)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,016.76600	1,003.86500	(12.90100)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>19,742.19240</b>	<b>19,884.85430</b>	<b>142.66190</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>28,894.01550</b>	<b>28,466.49000</b>	<b>(427.52550)</b>
<b>B.</b>	<b>OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,718.80071	6,365.70993	646.90921
2	MEDICARE	2,816.25919	3,036.81217	220.55298
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,638.68233	3,194.43124	555.74891
4	MEDICAID	2,625.64944	3,169.86042	544.21098
5	OTHER MEDICAL ASSISTANCE	13.03289	24.57083	11.53794
6	CHAMPUS / TRICARE	17.40977	36.88526	19.47549
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,295.90744	1,330.37871	34.47127
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>5,472.35129</b>	<b>6,268.12867</b>	<b>795.77738</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>11,191.15200</b>	<b>12,633.83859</b>	<b>1,442.68659</b>
<b>C.</b>	<b>INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,035.91	\$11,216.15	\$1,180.24
2	MEDICARE	\$8,202.09	\$8,716.06	\$513.97
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,730.81	\$5,720.71	(\$10.11)
4	MEDICAID	\$5,648.58	\$5,675.50	\$26.92
5	OTHER MEDICAL ASSISTANCE	\$18,287.02	\$11,595.32	(\$6,691.70)
6	CHAMPUS / TRICARE	\$5,314.09	\$8,123.05	\$2,808.96
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$842.21	\$578.74	(\$263.47)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,634.97</b>	<b>\$7,953.95</b>	<b>\$318.98</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,395.44</b>	<b>\$8,937.39</b>	<b>\$541.95</b>
<b>D.</b>	<b>OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,132.54	\$12,820.97	\$1,688.44
2	MEDICARE	\$9,498.35	\$10,867.26	\$1,368.91
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,913.52	\$6,807.30	(\$106.22)
4	MEDICAID	\$6,873.09	\$6,819.00	(\$54.09)
5	OTHER MEDICAL ASSISTANCE	\$15,058.29	\$5,298.28	(\$9,760.01)
6	CHAMPUS / TRICARE	\$5,290.77	\$4,547.18	(\$743.58)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,392.04	\$1,410.20	\$18.16
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$8,238.60</b>	<b>\$8,760.99</b>	<b>\$522.39</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$9,717.43</b>	<b>\$10,806.66</b>	<b>\$1,089.23</b>

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>V.</b>	<b>CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>			
1	MEDICAID	\$6,892,992	\$12,832,405	\$5,939,414
2	OTHER MEDICAL ASSISTANCE	(\$367,519)	\$25,694	\$393,213
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$17,988,297	\$20,750,235	\$2,761,938
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$24,513,770</b>	<b>\$33,608,335</b>	<b>\$9,094,565</b>
<b>VI.</b>	<b>CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>			
1	TOTAL CHARGES	\$1,004,233,370	\$1,116,185,946	\$111,952,576
2	TOTAL GOVERNMENT DEDUCTIONS	\$468,404,020	\$530,258,947	\$61,854,927
3	UNCOMPENSATED CARE	\$41,836,000	\$42,741,000	\$905,000
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$131,133,749	\$146,520,421	\$15,386,672
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$11,552,884	\$13,360,954	\$1,808,070
6	TOTAL ADJUSTMENTS	\$652,926,653	\$732,881,322	\$79,954,669
7	TOTAL ACCRUED PAYMENTS	\$351,306,717	\$383,304,624	\$31,997,907
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$351,306,717	\$383,304,624	\$31,997,907
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3498257751	0.3434057071	(0.0064200680)
11	COST OF UNCOMPENSATED CARE	\$14,635,311	\$14,677,503	\$42,192
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$19,557,139	\$24,477,762	\$4,920,623
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$34,192,450	\$39,155,266	\$4,962,815
<b>VII.</b>	<b>RATIOS</b>			
<b>A.</b>	<b>RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	47.89%	49.57%	1.68%
2	MEDICARE	33.09%	32.02%	-1.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22.46%	21.99%	-0.47%
4	MEDICAID	22.21%	21.82%	-0.38%
5	OTHER MEDICAL ASSISTANCE	48.79%	42.76%	-6.03%
6	CHAMPUS / TRICARE	36.59%	42.49%	5.90%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.47%	2.57%	-1.90%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>30.61%</b>	<b>29.57%</b>	<b>-1.05%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>35.46%</b>	<b>34.89%</b>	<b>-0.56%</b>
<b>B.</b>	<b>RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	42.95%	45.68%	2.73%
2	MEDICARE	25.59%	27.38%	1.78%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.23%	24.91%	-2.33%
4	MEDICAID	27.15%	24.95%	-2.20%
5	OTHER MEDICAL ASSISTANCE	38.45%	19.23%	-19.22%
6	CHAMPUS / TRICARE	26.33%	31.81%	5.48%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7.19%	5.92%	-1.28%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>26.23%</b>	<b>26.35%</b>	<b>0.12%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>33.97%</b>	<b>35.27%</b>	<b>1.30%</b>

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$351,327,169	\$390,945,685	\$39,618,516
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$351,327,169</b>	<b>\$390,945,685</b>	<b>\$39,618,516</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$37,747,172	\$33,619,490	(\$4,127,682)
4	<b>CALCULATED NET REVENUE</b>	<b>\$389,074,341</b>	<b>\$424,565,175</b>	<b>\$35,490,834</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$389,074,000	\$424,565,000	\$35,491,000
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$341</b>	<b>\$175</b>	<b>(\$166)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$1,004,233,370	\$1,116,185,946	\$111,952,576
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,004,233,370</b>	<b>\$1,116,185,946</b>	<b>\$111,952,576</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,004,233,000	\$1,116,186,000	\$111,953,000
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$370</b>	<b>(\$54)</b>	<b>(\$424)</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$41,836,000	\$42,741,000	\$905,000
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$41,836,000</b>	<b>\$42,741,000</b>	<b>\$905,000</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$41,836,165	\$42,741,000	\$904,835
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$165)</b>	<b>\$0</b>	<b>\$165</b>



<b>SAINT VINCENT'S MEDICAL CENTER</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2012</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
<b>I.</b>	<b>ACCRUED CHARGES AND PAYMENTS</b>	
<b>A.</b>	<b>INPATIENT ACCRUED CHARGES</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$194,188,726
2	MEDICARE	403,033,442
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	131,499,292
4	MEDICAID	130,452,578
5	OTHER MEDICAL ASSISTANCE	1,046,714
6	CHAMPUS / TRICARE	414,508
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	22,641,056
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$534,947,242</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$729,135,968</b>
<b>B.</b>	<b>OUTPATIENT ACCRUED CHARGES</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$178,660,081
2	MEDICARE	120,549,282
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	87,313,400
4	MEDICAID	86,636,594
5	OTHER MEDICAL ASSISTANCE	676,806
6	CHAMPUS / TRICARE	527,215
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	31,706,504
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$208,389,897</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$387,049,978</b>
<b>C.</b>	<b>TOTAL ACCRUED CHARGES</b>	
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$372,848,807
2	TOTAL GOVERNMENT ACCRUED CHARGES	743,337,139
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$1,116,185,946</b>
<b>D.</b>	<b>INPATIENT ACCRUED PAYMENTS</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$96,252,887
2	MEDICARE	129,068,775
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28,918,301
4	MEDICAID	28,470,717
5	OTHER MEDICAL ASSISTANCE	447,584
6	CHAMPUS / TRICARE	176,111
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	580,976
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$158,163,187</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$254,416,074</b>
<b>E.</b>	<b>OUTPATIENT ACCRUED PAYMENTS</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$81,614,606
2	MEDICARE	33,001,817
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21,745,464
4	MEDICAID	21,615,281
5	OTHER MEDICAL ASSISTANCE	130,183
6	CHAMPUS / TRICARE	167,724
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,876,106
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$54,915,005</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$136,529,611</b>
<b>F.</b>	<b>TOTAL ACCRUED PAYMENTS</b>	
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$177,867,493
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	213,078,192
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$390,945,685</b>

<b>SAINT VINCENT'S MEDICAL CENTER</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2012</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2012</b>
<b>II.</b>	<b>ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>	
<b>A.</b>	<b>ACCRUED DISCHARGES</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,919
2	MEDICARE	10,153
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,811
4	MEDICAID	4,773
5	OTHER MEDICAL ASSISTANCE	38
6	CHAMPUS / TRICARE	29
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	950
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>14,993</b>
	<b>TOTAL DISCHARGES</b>	<b>21,912</b>
<b>B.</b>	<b>CASE MIX INDEX</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.24030
2	MEDICARE	1.45850
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.05072
4	MEDICAID	1.05100
5	OTHER MEDICAL ASSISTANCE	1.01580
6	CHAMPUS / TRICARE	0.74760
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.05670
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.32628</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.29913</b>
<b>C.</b>	<b>OTHER REQUIRED DATA</b>	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$351,375,285
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$204,854,864
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$146,520,421
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.70%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$21,473,522
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,360,954
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$15,330,000
9	BAD DEBTS	\$27,411,000
10	TOTAL UNCOMPENSATED CARE	\$42,741,000
11	TOTAL OTHER OPERATING REVENUE	\$12,640,000
12	TOTAL OPERATING EXPENSES	\$373,601,000

<b>SAINT VINCENT'S MEDICAL CENTER</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2012</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2012</b>
<b>III.</b>	<b>NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>	
<b>A.</b>	<b>RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>	
1	TOTAL ACCRUED PAYMENTS	\$390,945,685
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$390,945,685</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$33,619,490
	<b>CALCULATED NET REVENUE</b>	<b>\$424,565,175</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$424,565,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$175</b>
<b>B.</b>	<b>RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>	
1	OHCA DEFINED GROSS REVENUE	\$1,116,185,946
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,116,185,946</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,116,186,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$54)</b>
<b>C.</b>	<b>RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$42,741,000
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$42,741,000</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$42,741,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A.</b>	<b><u>Hospital Charity Care (from HRS Report 500)</u></b>				
1	Number of Applicants	2,496	3,003	507	20%
2	Number of Approved Applicants	2,440	2,978	538	22%
3	<b>Total Charges (A)</b>	\$9,025,000	\$15,330,000	\$6,305,000	70%
4	<b>Average Charges</b>	<b>\$3,699</b>	<b>\$5,148</b>	<b>\$1,449</b>	<b>39%</b>
5	Ratio of Cost to Charges (RCC)	0.373903	0.377794	0.003891	1%
6	<b>Total Cost</b>	<b>\$3,374,475</b>	<b>\$5,791,582</b>	<b>\$2,417,107</b>	<b>72%</b>
7	<b>Average Cost</b>	<b>\$1,383</b>	<b>\$1,945</b>	<b>\$562</b>	<b>41%</b>
8	Charity Care - Inpatient Charges	\$2,204,488	\$3,948,573	\$1,744,085	79%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	5,254,296	2,974,043	(2,280,253)	-43%
10	Charity Care - Emergency Department Charges	1,566,216	8,407,384	6,841,168	437%
11	<b>Total Charges (A)</b>	<b>\$9,025,000</b>	<b>\$15,330,000</b>	<b>\$6,305,000</b>	<b>70%</b>
12	Charity Care - Number of Patient Days	426	671	245	58%
13	Charity Care - Number of Discharges	72	144	72	100%
14	Charity Care - Number of Outpatient ED Visits	903	1,412	509	56%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	7,071	7,629	558	8%
<b>B.</b>	<b><u>Hospital Bad Debts (from HRS Report 500)</u></b>				
1	Bad Debts - Inpatient Services	\$16,070,000	\$13,336,000	(\$2,734,000)	-17%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	7,390,000	3,171,000	(4,219,000)	-57%
3	Bad Debts - Emergency Department	9,351,000	10,904,000	1,553,000	17%
4	<b>Total Bad Debts (A)</b>	<b>\$32,811,000</b>	<b>\$27,411,000</b>	<b>(\$5,400,000)</b>	<b>-16%</b>
<b>C.</b>	<b><u>Hospital Uncompensated Care (from HRS Report 500)</u></b>				
1	Charity Care (A)	\$9,025,000	\$15,330,000	\$6,305,000	70%
2	Bad Debts (A)	32,811,000	27,411,000	(5,400,000)	-16%
3	<b>Total Uncompensated Care (A)</b>	<b>\$41,836,000</b>	<b>\$42,741,000</b>	<b>\$905,000</b>	<b>2%</b>
4	Uncompensated Care - Inpatient Services	\$18,274,488	\$17,284,573	(\$989,915)	-5%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	12,644,296	6,145,043	(6,499,253)	-51%
6	Uncompensated Care - Emergency Department	10,917,216	19,311,384	8,394,168	77%
7	<b>Total Uncompensated Care (A)</b>	<b>\$41,836,000</b>	<b>\$42,741,000</b>	<b>\$905,000</b>	<b>2%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,					
ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>NON-GOVERNMENT</u>	<u>NON-GOVERNMENT</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$321,561,592	\$351,375,285	\$29,813,693	9%
2	Total Contractual Allowances	\$131,133,749	\$146,520,421	\$15,386,672	12%
	<b>Total Accrued Payments (A)</b>	<b>\$190,427,843</b>	<b>\$204,854,864</b>	<b>\$14,427,021</b>	<b>8%</b>
	<b>Total Discount Percentage</b>	<b>40.78%</b>	<b>41.70%</b>	<b>0.92%</b>	<b>2%</b>
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>	<u>ACTUAL FY 2012</u>
<b>A.</b>	<b><u>Gross and Net Revenue</u></b>			
1	Inpatient Gross Revenue	\$662,252,595	\$684,144,505	\$729,135,968
2	Outpatient Gross Revenue	\$266,263,033	\$320,088,865	\$387,049,978
3	Total Gross Patient Revenue	\$928,515,628	\$1,004,233,370	\$1,116,185,946
4	Net Patient Revenue	\$353,724,000	\$389,074,000	\$424,565,000
<b>B.</b>	<b><u>Total Operating Expenses</u></b>			
1	Total Operating Expense	\$351,813,000	\$382,310,000	\$373,601,000
<b>C.</b>	<b><u>Utilization Statistics</u></b>			
1	Patient Days	122,812	122,440	122,878
2	Discharges	21,873	22,100	21,912
3	Average Length of Stay	5.6	5.5	5.6
4	Equivalent (Adjusted) Patient Days (EPD)	172,189	179,726	188,106
0	Equivalent (Adjusted) Discharges (ED)	30,667	32,440	33,544
<b>D.</b>	<b><u>Case Mix Statistics</u></b>			
1	Case Mix Index	1.30887	1.30742	1.29913
2	Case Mix Adjusted Patient Days (CMAPD)	160,745	160,081	159,634
3	Case Mix Adjusted Discharges (CMAD)	28,629	28,894	28,466
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	225,373	234,977	244,373
5	Case Mix Adjusted Equivalent Discharges (CMAED)	40,139	42,413	43,577
<b>E.</b>	<b><u>Gross Revenue Per Statistic</u></b>			
1	Total Gross Revenue per Patient Day	\$7,560	\$8,202	\$9,084
2	Total Gross Revenue per Discharge	\$42,450	\$45,440	\$50,939
3	Total Gross Revenue per EPD	\$5,392	\$5,588	\$5,934
4	Total Gross Revenue per ED	\$30,277	\$30,957	\$33,276
5	Total Gross Revenue per CMAEPD	\$4,120	\$4,274	\$4,568
6	Total Gross Revenue per CMAED	\$23,132	\$23,678	\$25,614
7	Inpatient Gross Revenue per EPD	\$3,846	\$3,807	\$3,876
8	Inpatient Gross Revenue per ED	\$21,595	\$21,090	\$21,737

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
<b>F.</b>	<b>Net Revenue Per Statistic</b>			
1	Net Patient Revenue per Patient Day	\$2,880	\$3,178	\$3,455
2	Net Patient Revenue per Discharge	\$16,172	\$17,605	\$19,376
3	Net Patient Revenue per EPD	\$2,054	\$2,165	\$2,257
4	Net Patient Revenue per ED	\$11,534	\$11,994	\$12,657
5	Net Patient Revenue per CMAEPD	\$1,570	\$1,656	\$1,737
6	Net Patient Revenue per CMAED	\$8,812	\$9,174	\$9,743
<b>G.</b>	<b>Operating Expense Per Statistic</b>			
1	Total Operating Expense per Patient Day	\$2,865	\$3,122	\$3,040
2	Total Operating Expense per Discharge	\$16,084	\$17,299	\$17,050
3	Total Operating Expense per EPD	\$2,043	\$2,127	\$1,986
4	Total Operating Expense per ED	\$11,472	\$11,785	\$11,138
5	Total Operating Expense per CMAEPD	\$1,561	\$1,627	\$1,529
6	Total Operating Expense per CMAED	\$8,765	\$9,014	\$8,573
<b>H.</b>	<b>Nursing Salary and Fringe Benefits Expense</b>			
1	Nursing Salary Expense	\$61,447,266	\$62,345,375	\$64,980,063
2	Nursing Fringe Benefits Expense	\$16,610,102	\$17,202,845	\$7,091,846
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$78,057,368</b>	<b>\$79,548,220</b>	<b>\$72,071,909</b>
<b>I.</b>	<b>Physician Salary and Fringe Expense</b>			
1	Physician Salary Expense	\$14,734,157	\$10,691,645	\$11,509,155
2	Physician Fringe Benefits Expense	\$3,982,860	\$2,950,126	\$1,256,095
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$18,717,017</b>	<b>\$13,641,771</b>	<b>\$12,765,250</b>
<b>J.</b>	<b>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>			
1	Non-Nursing, Non-Physician Salary Expense	\$66,164,577	\$69,982,980	\$76,016,782
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$17,885,038	\$19,310,029	\$8,296,059
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$84,049,615</b>	<b>\$89,293,009</b>	<b>\$84,312,841</b>
<b>K.</b>	<b>Total Salary and Fringe Benefits Expense</b>			
1	Total Salary Expense	\$142,346,000	\$143,020,000	\$152,506,000
2	Total Fringe Benefits Expense	\$38,478,000	\$39,463,000	\$16,644,000
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$180,824,000</b>	<b>\$182,483,000</b>	<b>\$169,150,000</b>

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>	<u>ACTUAL FY 2012</u>
<b>L.</b>	<b><u>Total Full Time Equivalent Employees (FTEs)</u></b>			
1	Total Nursing FTEs	740.3	783.7	790.3
2	Total Physician FTEs	95.9	77.1	74.5
3	Total Non-Nursing, Non-Physician FTEs	1183.9	1186.4	1213.4
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>2,020.1</b>	<b>2,047.2</b>	<b>2,078.2</b>
<b>M.</b>	<b><u>Nursing Salaries and Fringe Benefits Expense per FTE</u></b>			
1	Nursing Salary Expense per FTE	\$83,003	\$79,553	\$82,222
2	Nursing Fringe Benefits Expense per FTE	\$22,437	\$21,951	\$8,974
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$105,440</b>	<b>\$101,503</b>	<b>\$91,196</b>
<b>N.</b>	<b><u>Physician Salary and Fringe Expense per FTE</u></b>			
1	Physician Salary Expense per FTE	\$153,641	\$138,672	\$154,485
2	Physician Fringe Benefits Expense per FTE	\$41,531	\$38,264	\$16,860
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$195,172</b>	<b>\$176,936</b>	<b>\$171,346</b>
<b>O.</b>	<b><u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u></b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,887	\$58,988	\$62,648
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$15,107	\$16,276	\$6,837
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$70,994</b>	<b>\$75,264</b>	<b>\$69,485</b>
<b>P.</b>	<b><u>Total Salary and Fringe Benefits Expense per FTE</u></b>			
1	Total Salary Expense per FTE	\$70,465	\$69,861	\$73,384
2	Total Fringe Benefits Expense per FTE	\$19,048	\$19,277	\$8,009
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$89,512</b>	<b>\$89,138</b>	<b>\$81,393</b>
<b>Q.</b>	<b><u>Total Salary and Fringe Ben. Expense per Statistic</u></b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,472	\$1,490	\$1,377
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,267	\$8,257	\$7,720
3	Total Salary and Fringe Benefits Expense per EPD	\$1,050	\$1,015	\$899
4	Total Salary and Fringe Benefits Expense per ED	\$5,896	\$5,625	\$5,043
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$802	\$777	\$692
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,505	\$4,303	\$3,882